should be stated EXACTN it may be properly classifi BINDING CAUSE OF DEATH in plain terms so that it may be PERM ACE FOR WITH UNFADING INK-THIS IS supplied. should be

See instructions on back of

MARGIN RESERVED CIANS should state CAUSE OF DEATH in plai statement of OCCUPATION is very important. Every item of information CIANS should state CAUS WRITE PL

| PLACE OF DEATH | 1 _{PI} | ACE | OF | DEA | TH |
|----------------|-----------------|-----|----|-----|----|
|----------------|-----------------|-----|----|-----|----|

County Anna Arundel



12773

STATE OF MARYLAND CERTIFICATE OF DEATH

| Village or City Jessup, Md (No Maryland House of Correction Ward) 2FULL NAME Elizabeth Anderson Registration Dist. No. 2, 2 (If death occurred Is a hospital or institution, give Its NAME Is stead of street and number.) | | | |
|---|---|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| Female Colored Single. MARRIED, WIDOWED. OR DIVORCED (Write the word) | November 25, 1931, 192. (Month), (Dey), (Year) | | |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from Nov. 21, 192 to Nov. 25, 31, 192 that I last saw her alive on Nov. 25, 1931, 192 | | |
| 7 AGE Solution (Day) (Year) 7 AGE If LESS than 1 day hrs. ds. or min.? | and that death occurred on the date stated above, at 5 . 40PM m. | | |
| (a) Trade, profession or particular kind of work | Acute Yellow Atrophy of Liver | | |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 7 Maruland. | Contributory Secondary | | |
| 10 NAME OF FATHER (MIKENOWE) | (Signed) - Person - de. M. D. 192 (Address) Jessup, Md. | | |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsds. | | |
| (Informant) SULA RULLIS (Address) (Address) | Where was disease contracted, 77 10. Ensoy of it not at place of death? Former or usual residence 19-PLACE OF BURIAL OR REMOVAL Long Group Grad Grad Grad Grad Grad Grad Grad Grad | | |
| 15 Filed hor 27 198 Wolara M. Hasluf | 20 UNDERTAKER ADDRESS ADDRESS | | |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

V. S. No. 1

20

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Höusewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation 6

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, 'peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart disease; Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PLACE OF DEATH

12214

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-

tion, give its NAME is stead of street and number.)

| MEDICAL CERTIFICATE | OF DEATH |
|--|---|
| 16 DATE OF DEATH | , 192 |
| Month) |)(Day) 1931 (Year) |
| 17 I HEREBY CERTIFY, That I at | tended the deceased from |
| July 17 1928. to m | |
| that Mast saw h alive on hor | r 6 , 1925/ |
| and that death occurred on the date state | d above, at 320a m. |
| The CAUSE OF DEATH * was as follows: | |
| | |
| Lobae Brenn | ioriea |
| | |
| (Duration) | yre mos 3. de |
| 0 / 1 | yramos |
| Secondary | *************************************** |
| (Duration) | 5 yrs. 2 mos. 14 ds. |
| (Signed) Planewith 1 | House M. D. |
| nor 7 193/ (Address) Laus | ul ms. |
| *State the Piscase Causing Death, Violent Causes, state (1) Means of la Accidental, Suicidal or Homicidal. | or, In deaths from njury and (2) Whether |
| 18 LINGTH OF RESIDENCE (For Hospi | tals, Institutions, Trans- |
| ients or Recent Residents) | |
| At place 3 yrs. 3 mos. 22 ds. In the | te 3 yrs 3 mos 22 ds. |
| Where was disease contracted, if not at place of dea.h? | |
| Former or usual residence of ashington, X | C |
| 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| Washington, DC | nor 9 , 193/ |
| 20 UNDERTAKER | ADDRESS - |
| 100 | - 1 1 1 |

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without Laborer, Laborer—Coat many, laborer, Farm laborer, Laborer—Coat many, at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Flanter, sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective cf cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomolive engineer, Grocery;

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American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st_ted unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., scpsis, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; intercurrent) Chronic etc. The contributory affection valvular heart Nomenclature of the need disease; not be

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BINDING

MARGIN RESERVED

If nonresident give city or town and State (Day)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VIS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | , |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

BINDING

MARGIN RESERVED

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| Example I | į. | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrilis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| New York Control of the Control of t | | | |
| 80 B | 7 | | |
| Other contributory causes of importance: | HI HILL | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| 4 | | | |
| | | | |

HYSI-Exact

W more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. threa 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISELSE CAUSING DEATH, Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook, ployed, as At achool or At home. Care should be taken definite salary). may be entered as Housewife, Houseto report specifically the occ pations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer." "Foreman," "Manager." "Dealworked on may form part of the second statement "pinner". (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, (b) Automobile factory. For many occupations a single word or term on OF 41 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) The material

Exament of tause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lovar pneumonia, Broachopneumonia ("Pneumonia")

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STATE OF MARYLAND—CERTIFICATE OF DEATH

12:18

| 1. PLACE OF DEATH | 93 | Told | 10010 |
|---|--|--|----------------------|
| County a a | | Registration Dist. No | 24 |
| Village or City East fo an | (11 | No Home pand Beach death occurred in a hospital or institution, give its NAME instead of street | St., Ward |
| Length of residence in city or town where | death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrs | mos ds. |
| 2. FULL NAME San | The J. Down | an | |
| (a) Residence: No Necolor | Xalls Ohio | St., Ward. | |
| PERSONAL AND STATIS | (Usual place of abode) | If nonresident give city or to | |
| | 1 | 21. DATE OF DEATH | I M |
| X W | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | Movember 15 (Month) (Day) | , 193 / (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Wife of a | · Lawlon | 22. I HEREBY CERTIFY, That I at | tended decoased from |
| 6. DATE OF BIRTH (month, day, and year) | bril 7-1866 | | 9.3/ death is said |
| 7. AGE Years Month | Days If LESS than 1 day, | to have occurred on the date stated above, at 2.4 Om. The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows: | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | f1. Total time (years) spent in this occupation Xalls Ohio | Mysecordito Mysecordial Sa ranffere arterio Schrosio Other Contributory Causes of importance: | Date of onset |
| (State or country) 13. NAME 13. NAME | Bromer | | |
| f 4. BIRTHPLACE (city or town) | ~ | Name of operation | te of |
| 1 (State of Country) | 2 1 2/3 | What test confirmed diagnosis? Was the | ere an au'opsy? |
| 15. MAIOEN NAME CONSTITUTE (State or country) 17. INFORMANT Alexandress) How said | notore Beach Costput me | 23. If death was due to external causes (VIOLENCE) fill in also the formation of the property | nd State) |
| 18. BURIAL, CREMATION OR REMOVAL Place For Fulls 6 | Lio Date Nov 16 31 | Manner of injury | |
| 19. UNOERTAKER 3 1 Hope (Address) Ame af 1821. | Jho Joya Ma | 24. Was disease or injury in any way related to occupation of decease if so, specify (Signed) Congress of Gardenses of Ga | M. D |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every frem of infor-

| SIAIL OF | (32 | CERTIFICATE OF DEATH | 0.312 |
|--|--|---|-----------------|
| County a a | | Registration Dist. No. | , |
| Village or City anna food | les on | No. 63 Show St. | Ward |
| Length of residence in city or town withre death | | f death occurred in a hospital or institution, give its NAME instead of street and s. 40 ds. How long in U.S. if of foreign birth? yrs. m | |
| 2. FULL NAME | a Brown | | |
| (a) Residence No. 63 Show | J | st, 3 Ward. | |
| PERSONAL AND STATISTICA | (Usual place of abode) | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH | State |
| 3. SEX 4. COLOR OR RACE S. | SINGLE, MARRIED, WIDOWED, OR DIVORCED (Totale the word) | 21. DATE OF DEATH (Month) (Day) | , 193 (Year) |
| 5a. If married, dowed, or divorced HUSBAND of | | 22. HEREBY CERTIFY. That I attended | (1,4-1) |
| (or) WIFE of | | 10 - 20 - 193 1, to 11 - 4 - | 19.3. |
| 6. DATE OF BIRTH (month, day, and year) Que | 99-1910 | I last saw h la alive on 1/- 4- ,19.3/ | ; death is said |
| 7. AGE Years Months | Days If LESS than I day,hrs. | to have occurred on the date stated above, at | |
| 8. Trade, profession, or particular | ormin. | were as follows: | Date of onset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | omlow | 1. 1. w A C | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | | Mil Fuberculosis | 10.20.3 |
| 1D. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | - |
| 12. BIRTHPLACE (city or town) Annaly | one | Other Contributory Causes of Importance: | 6-13-3 |
| (State or country) | D | Precisy | |
| 13. NAME Jours | mound | | - |
| 14. BIRTHPLACE (city or town) (State or country) | aglis my | Name of operation | an onens |
| 15. MAIDEN NAME Carried | Brown | 23. If death was due to external causes (VIOLENCE) fill In also the following | |
| 16. BIRTHPLACE (city or town) | solo no | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) | 2424 | Where did injury occur? (Specify city or town, county and Sta | te) |
| 17. INFORMANT (Address) | annopolet m | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, DR REMOVAL, Place Brewer Hill D | ate NN 6 ,1991 | Manner of injury | |
| 19. UNDERTAKER B & It ope (Address) ann applis | and bud | 24. Was disease or Injury In any way related to occupation of deceased? | hu |
| 20. FILED 20 6 19 31 frag | 4. C. In a mil | (Signed) G J Malery (Ardress) 3 S Calgary Cum | M. D |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Date of onset | Who unincinal cause of death and make 1 | |
|----------------|--|---|
| Date of offset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Pcritonitis | 3 days ago |
| May 1,1923 | Other contributory causes of importance: Gastrocnteritis | 1 year |
| | 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Co. Court | CERTIFICATE OF DEATH |
| County | Registration Dist. No. 2 |
| 0 | |
| Village or City Devery (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and |
| 2FULL NAME Amelia . D. | Bussey stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 STNGTE, MARRIED, WIDOWED, Wildow | 16 DATE OF DEATH |
| (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| lan 10 , 185-3 | 99 192/. to // 20 , 192/. |
| (Month) (Day) (Year) | that I last saw h Walive on JON 8 , 1934, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at |
| I dayhrs. | The CAUSE OF DEATH * was as follows: |
| 76 yrs. 10 mos. 10 de. or min.? | Chilling Delastre. |
| a) Trade, profession or | Minis Vulnell rat Thefund |
| particular kind of work | Try scurle tro |
| (b) General nature of industry business, or establishment in | (Duration) KMArs mos ds. |
| which employed or (employer) | Contributory Exchal Rassinhage |
| 9 BIRTHPLACE (State or country) | Secondary (Duration) yrs |
| 10 NAME OF | (Signed) John Telamone M. D. |
| FATHER . Schulls | (1/2 H34 192 (Address) Flow Berry Ind |
| M 11 BIRTHPLACE OF FATHER | *State the Disease Causing Death, or, in deaths from |
| Z (State or country) Japaney | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| C 12 MAIDEN NAME OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| a United | ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of death yrs mos. ds, State yrs ds, |
| (State or country) | Where was disease contracted, if not at place of dea.h? |
| 14 THE ABOVE IS TRUE TO THE BEST OF M. KNOWLEDGE | Former or |
| (Informant) William D. Bushe | usus! residence |
| | TO A A A |
| (Address) | Trumobhile Gon New 22 1978. |
| 15 Filed/1/20 19271 Jun Haggyn | 20 UN DERTAKER |
| Payter | pospocraters of the LICE Dans |
| If more blanks are needed, address State Registra | 7. 16 W. Santoga St., Balto., Requesting V. S. No. 1. |

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is neceswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, For many occupations a Compositor, For persons who have no occupation Architect, single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE (*105:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Kxhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcasles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic American Medical Association.) as fracture of skull, . (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," and consequences (e. g., sepsis, Carcinoma, Sarcomu, etc., of etc. valvular heart The contributory disease; death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

Z

| STATE OF MARYLAND—CERTIFICATE OF DEATH | | | | |
|---|--|--|--|--|
| 1. PLACE OF DEATH | 10100 | | | |
| County Anne Arundel | Registration Dist. No. | | | |
| Village or City Annapolis | No. 84 Compromise St. St., 2nd Ward | | | |
| (II | death occurred in a hospital or institution, give its NAME instead of street and number) | | | |
| | ds. How long in U.S. if of foreign birth?mosmosds. | | | |
| 2. FULL NAME Charles Howard Chaney | | | | |
| (a) Residence: 40. 84 Compromise Street | St., 2nd. Ward. If nonresident give city or town and State | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH Nov. 2/ 1981 | | | |
| Males White Married | Mov. 2/ ,198 (Month) (Day) (Yoar) | | | |
| 5a. If married, widowed, or divorced | (monta) (vay) (toat) | | | |
| HUSBAND of Caroline C. Chaney | 22. I HEREBY CERTIFY, That I attended deceased from | | | |
| | , 19, to, 19 | | | |
| 6. DATE OF BIRTH (month, day, and year) Sept. 9, 1887. 7. AGE Years Months Oays If LESS than | I last saw h alive on, 19; death is said to have occurred on the date stated above, atm | | | |
| n 1,day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | | | |
| 44 or rain. | were as follows: | | | |
| 8. Trade, profession, or particular Professional | Accidental Drowning | | | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | -scale and a solution of the s | | | |
| work was done, as SILK MILL, SAW MILL, BANK, etc | | | | |
| O. 10. Data deceased last worked at this occupation (month and spent in this | | | | |
| year) occupation | Other Contributory Causes of importanca: | | | |
| 12. BIRTHPLACE (city or town) A. A. Co., Md. | | | | |
| (State or country) | | | | |
| 13. NAME William J. Chaney 14. BIRTHPLACE (city or town) A. A. Co., Md. | | | | |
| 14. BIRTHPLACE (city or town) A. A. CO., Md. | Name of operation | | | |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? | | | |
| 15. MAIDEN NAME Annie Rawlys 16. BIRTHPLACE (city or town) A. A. Co., Md. | 23. If death was due to external causes (VIOLENCE) fill in also the following: | | | |
| 16. BIRTHPLACE (city or town) A. A. CO., Md. | Accident, suicide, or homicide? Date of injury, 19 | | | |
| (Otate of County) | Whera did injury occur? (Specify city or town, county and State) | | | |
| 17. INFORMANT Caroline C. Chaney | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| (Address) 84 Compromise Street 18. BURIAL, CREMATION, OR REMOVAL | Manage of Indian | | | |
| Place Cedar Bluff Date Nov. 24, 19 31 | Manner of injury | | | |
| Tohn W Morrlon | watere of injury | | | |
| 19. UNDERTAKER John M. Taylor (Address) Annapolis, Md. | 24. Was disease or injury in any way related to occupation of deceased? | | | |
| 0 0 0-1 | (Signed) Lamil A A pun Acting brongs. | | | |
| 20. FILED m 22, 1931 fray 6 C. To Garage | (Address) Annoholic My | | | |

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis . | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | M1 1000 | Other contributory causes of importance: | |
| G GROOFFEED | May 1,1923 | Gastroenteritis | 1 year |

TION is very important.

-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

| -0 | 0 | a | - | 2 |
|----|---|---|---|---|
| | 4 | 8 | 0 | 3 |

| 1. PLACE OF DEATH | | | | |
|---|---------------------------------------|--------------------------------------|--|-----------------|
| County Anne Arundel | | | Registration Dist. No. 2 | 7 |
| Village or City Crownsvil Length of residence In city or town where de | | (lí | No. State Hospital St., death occurred in a hospital or institution, give its NAME instead of street and 70ds. How long in U.S. if of foreign birth? yrs. m | Ward number) |
| 2. FULL NAME Janna (a) Residence: No. II2I Ca: | | | St., Ward. Baltimore Mo | |
| PERSONAL AND STATISTIC | AL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | 4 |
| 3. SEX 4. COLOR OR RACE Colored | s. Single, MAR or Divorce Marri | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH November 25th 1931 | , 193 (Year) |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Isiah Cheer: | | | 22. I HEREBY CERTIFY, That I attended September I6th 9.5., to Nov. 25-31 | deceesed from |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | oays | If LESS than I day,hrs. | to have occurred on the date stated above, et IO . I 5m P . M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | ; death is said |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Houeewo | | were a follows: bral Arteriosclerosis | 4/31 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) | spa | ime (years) nt in this upation | Other Coutributory Causes of importance: | |
| (State or country) Mary Lai | id | | Settler | |
| 13. NAME Unknown | | | | |
| 13. NAME UNKNOWN 14. BIRTHPLACE (city or town) (Stete or country) | | | Name of operation Oate of Whet test confirmed diagnosis? Was there are | |
| 15. MAIDEN NAME UNKNOW 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT HOSpital Reco | ? | | 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?Oate of injuryWhere did injury occur?(Specify city or town, county and States Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL | , 19 |
| (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Mount Auburn | | 29-1961 | Manner of injury | |
| 19. UNOERTAKER SEMILE I . He (Address) 578 W. B16 20. FILED 26, 19.31 | | B8 Iting | 24. Was disease or injury in any way related to occupation of deceased? If so, specify Per (Signed) (Address) | NO |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V.S. No. 1

WARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

| | County Village or C | Anne Arund | | e Hospita | Registration Dist. No. 2/ | Ward |
|--------|--|---|------------------------|---|---|------------|
| 2. | | dence in city or town where | 1 | (I) 6_yrsTmos | death occurred in a hospital or institution, give its NAME instead of street and numbe | er) |
| | (a) Residen | ce: No | Sultimore (Usual place | e City of abode) | St., Ward. If nonresident give city or town and State | |
| | PERSON | AL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| | male | 4. COLOR OR RACE DIACK | OR DIVORCE | RIED, WIDOWED, D (write the word) OWE d | 21. DATE OF DEATH November 21st, (Day) (Day) | 1 Year) |
| 5a. If | married, widow HUSBAND of (or) WIFE of | Unknown | | | 22. I HEREBY CERTIFY, That I attended decear Oct. 29 th 1915 to Nov. 21 | sed from |
| 6. DA | TE OF BIRTH | (month, day, and year) | .873 | | Hast saw her alive on Nov. 21 19 31 deal | th is said |
| 7. AG | E Yea | rs Months | Days | If LESS than I day, hrs. or min. | to have occurred on the date steted above, at 4:50 A M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 3 | kind of v SAWYER, 9. Industry or work was SAW MIL D. Date decease | ssion, or particular vork done, es SPINNER, BDDKKEEPER, etc. business in which done, as SILK MILL, LL, BANK, etc. | 11. Total ti | me (vears) | Cerebral arteriosclerosis 5 | yrs |
| | year) | pation (month and ty or town) | ocan | nt in this pation | Diher Coutributory Causes of Importance: Senility | ? |
| œ 1 | 3. NAME | Unkno | wn | | | |
| FATHER | 4. BIRTHPLACE | , , | nown | | Name of operation. | |
| HER 1 | 5. MAIDEN NA | ME Unknown | | | Whet test confirmed diegnosis? | /! |
| TOM 1 | 6. BIRTHPLACE (Stete or | , | Inknown Records | lond | Accident, sulcide, or homicide? | 19 |
| 18. BI | | ION, OR REMOVAL | Date/ | 125,1931 | Menner of injury | |
| | NDERTAKER (Address) | Wolesbury | BOD) | Joyce Registrar. | 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed): (Address) (Address) (Address) | ≥ M. D |

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| EUREAU V.S. | | | 74 - 1 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

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|---------|------|
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| 6 W. 10 | |
| 3 | |

| infor- | state | UPA- | / |
|---|---|--|--|
| tem of | pladus | 000 J | |
| II UNFADING INK-THIS IS A PERMANENT RECORD. Every tem of infor- | v supplied. AGE should be stated EXACTLY. PHYSICIANS should state | ain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
| RECOR | Y. PHY | Exact s | |
| RMANEN | XACTL | classified. | |
| IS A PE | stated E | properly | See instructions on back of certificate. |
| HIS | be | pe | of |
| NK-T | plnods | it may | on back |
| DING I | . AGE | se that | uctions |
| UNFA | supplied | n terms, | ee instri |
| 雷 | - | - 2 | 02 |

CAUSE OF DEATH in plain terms,

V. S. No. 1

TION is very important.

STATE OF MARYLAND CERTIFICATE OF DEATH

| STATE OF WARTLAN | 93-C) 12785 |
|--|--|
| 1. PLACE OF DEATH | 21 |
| County Anne Arundel | Registration Dist, No. |
| Village or City Cedar Park Langth of residence in city or town where death occurredyrs | ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Margaret Frances Co | ooner |
| (a) Residence: No. Cedar Park, A. A. (Usual place of abode) | |
| PERSONAL AND STATISTICAL PARTICULAR | RS MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the Widow) | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Cooper | 22. I HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) April 15, 18 | I last saw h alive on, 19; death is said |
| 7. AGE Years Months Days If LE | SS than to have occurred on the date stated above, at |
| 95 7 8 or | That PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Thronic Myscorditis Take |
| 10. Data deceased last worked at this occupation (month and year) - 11. Total tima (years) spant in this occupation . | |
| 12. BIRTHPLACE (city or town) Annapolis (State or country) Md. | Other Contributory Canses of Importance: |
| 13. NAME John Harrison | |
| 13. NAME John Harrison 14. BIRTHPLACE (city or town) Maryland (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 置 15. MAIDEN NAME Mary Clayton | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 15. MAIDEN NAME Mary Clayton 16. BIRTHPLACE (city or town) Mary land (State or country) | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? |
| 17. INFORMANT Mrs. George Jewell (Addrass) Cedar Park, A. A. Co., | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Md. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff Date Nov. 26, | Manner of Injury Natura of injury |
| 19. UNDERTAKER John M. Taylor (Address) Annapolis, Maryland | 24. Was diseasa or Injury in any way related to occupation of deceased? |
| 20. FILEDAM 24 , 1931 Jany ce for ce | (Signed) Second Control M. D. M. D. (Address) Language Vision M. D. |

Registrar. (Address) - Lalling VIII.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| DEC 77 1931 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ATD

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

(Year)

Date of onset

Was there an autopsy?

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | İ | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| DEC 7 1991 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| PLACE OF DEATH | 12787 STATE OF N | MARYLAND |
|--|---|--|
| Anne Amudel | CERTIFICATE | OF DEATH |
| County / County | Registration | Dist. No. |
| Village or City/ Allury (No. | St.; Ward) | a hospital or institu- lon, give its NAME in- |
| 2 FULL NAME Travees 1 | ovel Davenport | stend of street and aumber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
| Jewale 1 color of Race 5 single, married while willower of Divorced (Write the word) | 16 DATE OF DEATH NOV. (Month) 17 HEREBY CERTIFY, That I at | (Day) , 1931 |
| DATE OF BIRTH Dec. 17 ,876 | that I last saw h & alive on | Nov. 7, 1931. |
| (Month) (Day) (Year) | and that death occurred on the date state | d above, at 1.50 P.m |
| 54 // Mos. 1 dayhrs. | The CAUSE OF DEATH & was as follows: | Penno |
| 8 OCCUPATION (a) Trade, profession or particular kind of work. Howekeefer | Carcinona | Jall-Bladde |
| (b) General nature of industry | | / vrs. mos. ds |
| business, or establishment in Own Rome which employed or (employer) | Contributory (Lall | Deares |
| 9 BIRTHPLACE (State or country) Ungina | Secondary (Duration) | L. ye de |
| 10 NAME OF William E. Gerby | (Signed) 198/ (Address) (Address) | of freels Med. |
| 11 BIRTHPLACE OF FATHER (State or country) Virguia | *State the Disense Causing Deatl Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal, | n, or, in deaths from jury: and (2) whether |
| 12 MAIDEN NAME Carrie P. Harken | 18 LENGTH OF RESIDENCE (For Mos- ients, or Recent Residents) | pitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or country) Vinguia | At place of death yrs, mos, da, Sta | te,yrsmosda |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? | ###################################### |
| (Informant) Richard & Navarborn | Former or usual residence | |
| (Address) Waterbury Md | White - Clone Ca | DATE OF BURIAL |
| Filed 7-3/ 192 Begistrar | 20 UNDERTAKER | ADDRESS 715 Rights. |
| ore blanks are needed, address State Registrar. | 16 W. Saratoga St., Palto., Requesting | v. of Grafiles ling. |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Servant, Cook, Never retnru "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) a. Iditional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Whatever, write None. tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fnlness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pismass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid nse of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which snrgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopncumonia stated nuless important. nse of "Inmor" for malignant neoplasms); Measles; mgcs, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of canse of death approved by Committee on thre of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-"Puerperal septicaemia," "Puerperal peritonitis," etc. vnlsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), -probably suicide. The na-Example: Mcasles (disease (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. | . PLACE | E OF | DEATH | | (23) | 10100 |
|---|--|-------------------------------|--|---|-------------------------|--|
| | County | | A ne Arund | el | | Registration Dist. No. 24 |
| | Village | or City | Crownsv | lle St | ate Hospi | tado. St., Ward |
| | | | | | | f death occurred in a horpital or institution, give its NAME instead of street and number) 3. |
| 2 | . FULL | NAMI | Charle | s Dicke | rson | |
| | (a) Res | sidence: | No. Carolin | e Count | y, Maryla | andst., Ward. |
| annual second | PEDG | CON A | AND STATIST | (Usual place | | If nonresident give city or town and State |
| 3 5 | PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | | | | | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| | male | OR DIVORCED (waite the word) | | D (respite the word) | November 27th | |
| 5a. | If married, v | widowed, | or divorced | | | (Month) (Day) (Year) |
| | (or) WIFE | of | | | | 22. I HEREBY CERTIFY, That I ettended deceased from Sept. 19th 1929 to Nov. 27 |
| 6. D | ATE OF BII | RTH (mo | nth, day, end year) | 1899 | | last saw h.1m. alive on. November 27, 19.31; death is seld |
| 7. A | GE | Years | Months | Days | If LESS than 1 day,hrs. | to have occurred on the date stated above, at 2:40 Am |
| | | 32 Unkr | | own | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: |
| NO | kind | d of work | n, or particular dona, as SPINNER, DKKEEPER, etc | Labores | 2 | Pulmonary tuberculosis 3 mg |
| OCCUPATION | | | ness in which ne, as SILK MILL, BANK, etc | | | |
| 000 | | | | 1 11 7-414 | | |
| ŏ. | 1D. Date deceased last worked et this occupation (month and year) | | | 11. Total time (years) spent in this occupation | | |
| 10 | Manuland | | | | | Dther Coutributory Causes of importance: |
| 12, BIRTHPLACE (city or town) (State or country) | | | | | | |
| ER | 13. NAME | | Howard | Shephe | rd | |
| FATHER | 14. BIRTHP | LACE (ci | ty or town) Inter ? | land | | Name of operation Dete of |
| - | (Sta | ate or cou | | | | Whet test confirmed diagnosis? Was there an autopsy? |
| H. | 15. MAIDEN | 5. MAIDEN NAME Elle Dickerson | | | | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Ble Dickerson 16. BIRTHPLACE (city or town) Unknown (State or country) | | | | lown | | Accident, suicide, or homicide? |
| (State of County) | | | | | | Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT HOSpital Record (Address) Crownsville, Maryland | | | | | land | Specify whether injury occurred in introduct, in nome, or in poblic place. |
| 18. BURIAL, CREMATION, OR REMOVAL MICH 28 103/ | | | | | - 26 - 1 | Manner of injury |
| 19. UNDERTAKER John Doly Longle (Address) | | | | Date Date | , 19-5/ | Neture of injury |
| | | | | Lange | w/ | 24. Was disease or injury in any wey related to occupation of deceased? |
| | 1 2 2 4 0 | | | | 40 | If so, specify (Signed) |
| 20. | 20. FILED Line 27, 1931 Day to C. Registrar. | | | | 7 G Registrar. | (Address) C.D. Wiskillo |
| - | | | V / | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Arterioselerosis | | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU VE | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLAINLY,

S. No. 1

TION is very important.

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

12729

| 1. PLACE OF | DEATH | | TEN | -) | |
|--|---------------------------|------------------------------|-----------------------------------|--|--|
| CountyA | | | | Registration Dist. No. | |
| | nce in city or town where | | | No. 12.0100 Mospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? | |
| 2. FULL NAM | E John | W. Dana | ldsan. | | |
| (a) Residence | : No. Calver: | (Usual place | of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONA | L AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX | White | 5. SINGLE, MAR OR DIVORCE | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH November 26 (Month) (Day) (Year) | |
| 5a. If married, widowed HUSBAND of (or) WIFE of | or divorced | . 1. Don | aldson, | 1 HEREBY CERTIFY Thet I attended decessed from 12 193/ to 26 193/ | |
| 6. DATE OF BIRTH (me | onth, day, and year) | t 26 18 | 76 | t last saw h incl alive on Nov. 2 6 , 1931; death is sald | |
| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. | to heve occurred on the date stated above, at | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | | | | Other Contributory Causes of importance: Trucks freumnia | |
| 13. NAME | Thomas. T | | 37. | · · · · · · · · · · · · · · · · · · · | |
| (State or co | city or town) | land | | Name of operation | |
| 15. MAIDEN NAME 16. BIRTHPLACE (c) (State or co | ity or town) | | es. | 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? | |
| II. IIII ORIIIONI | Vilber. P. napolis. | | son. | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | |
| 18. BURIAL, CREMATIO | | | 20 ,1977 | Menner of Injury | |
| 19. UNDERTAKER B. L. HODDING (Address) APPROPOLIS. Id. | | | | 24. Wes disease or Injury In any way related to occupation of deceased? | |
| 20. FILED hor 2 | 7 ,1931 from | 746.8 | Registrar. | (Signed) Leonge (Sasel M. D. (Address) Life of the Mid | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

| STATE OF N 1. PLACE OF DEATH County Anne Arundel | MARYLAND— | CERTIFICATE OF DEATH Registration Dist. No. 211 | }() |
|--|--|--|------------------|
| | | (+a.) | Ward |
| (a) Residence: No. Kent | cca Dorsey County, Mar Jual place of abode) | 71867d Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL CERTIFICATE OF DEATH | HEADERS CO., CO. |
| 3. SEX 4. COLOR OR RACE 5. SIN OR OR | GLE, MARRIED, WIDOWED, DIVORCED (write the word) WIOOWED | 21. DATE OF DEATH NOVEMber 17th (Month) (Day) (Ya | 1 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown | | 22. I HEREBY CERTIFY, That I attended deceased July 24 , 19 31, to November 1719 | d from |
| C DATE OF BIRTH (month day and year) | 847 | Hast saw h er alive on Nov. 17 ,19.31 ; death | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days If LESS than | to have occurred on the data stalled above, at 25P • m. | 15 2910 |
| 84 Unknown | 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance | |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, HOU SAWYER, BOOKKEEPER, etc. | sework | were as follows: Congussion of the Brain Golden | hrs |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and | | the floor Center. | |
| O 10. Data deceased last worked at this occupation (month and year) | 11. Total tima (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) Mary La (State or country) | nd | Other Contributory Causes of Importance: Cerebral arteriosclerosis ? | |
| 13. NAME Jerry Wright. | dead | | |
| 13. NAME Jerry Wright, 14. BIRTHPLACE (city or town) Unkn (State or country) | • | Nama of operation Date of | |
| 15. MAIDEN NAME Maria (U | nknown) | What test confirmed diagnosis? Was there an autopsy?_ 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 15. MAIDEN NAME Moria (U 16. BIRTHPLACE (city or town) Unknow (State or country) | | Accident, suicide, or homicide? | |
| 17. INFORMANT Hospitel Record (Address) Crownsville M | s. arvland | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL PIACE Constant of the both of th | 11/18 34 | Manner of Injury | |
| 19. UNDERTAKER Easton | | 24. Was disease or Injury In any way related to open pation of deceased? | |
| (Address) 916. Per live | Ballo - | If so, specify | |
| 20. FILED 11 18 | De for Registron | (Signed Crownsville, Md. | _M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example II |
|--|
| Date of onset The principal cause of death and related causes Date of onset of importance were as follows: |
| 1915 Attack of epilepsy 1 week ago |
| 1921 Run over by street car 1 week ago |
| July 5,1927 Peritonitis 3 days ago |
| |
| Other contributory causes of importance: |
| May 1,1928 Gastroenteritis 1 year |
| |
| Other contributory causes of importance: |

| | 1PLACE OF DEATH | 12731 STATE OF MARYLAND |
|----|--|--|
| | County Muse anu del | CERTIFICATE OF DEATH |
| 1 | | Registration Dist. No. 22 |
| /, | Village or City Select (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME instance of street and number.) |
| : | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Male Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) 5 (Day) 73 Rear) 17 I HEREBY CERTIFY, That I attended the deceased from |
| | (Month) (Day) (Year) | that I last saw h (analive on () [] [] [] [] [] [] [] [] [] [|
| | 7 AGE If LESS than l day hrs. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| | (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Contributory Secondary (Duration) JIS TOS ASSESSED TOS A |
| | 10 NAME OF FATHER SURING Eldungs 11 BIRTHPLACE OF FATHER (State or country) | (Signed) 192. (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicldal or Homicidal. |
| | 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country). | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs |
| | (Informant) Lewis Eldusse (Address) See MY KNOWLEDGE (Address) Lewis Eldusse (Address) M.L. Jenes Filed Nov 18 1931 M.L. Jenes Seey Local Registras | 19 PLACE OF BURIAL OR REMOVAL Tambly furning grame Appress " 20 UNDERTAKED ADDRESS " Address " James Starges" Address " James Starges" |
| | If more banks are needed, addre.s State Kegistra | r, 15 W. Saratoga St., Balto., Kequesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know Civil engineer, Stotionary firemon, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, " etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Doy (a) the kind of work and also (b) the (3) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Fxhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature cough; Chronic valvular heart discase; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| | ounty An | | rundel | | | Registration Dist. No. 21 | | |
|--|--|---------------------------------------|------------------------------|------------|--|--|--|--|
| | illage or City | | | t, Mary | (16 | No. St., W. i death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. | | |
| | | | | Henry I | | | | |
| (a) Residence: No. Boucher Point, Eastpo | | | | | | If nonresident give city or town and State | | |
| | | | | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | | |
| | ale | Wh | or race | | RIED, WIDOWED. D (write the word) ELE | 21. DATE OF DEATH (Month) (Day) (Year) | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | | | | 22. HEREBY CERTIFY, That I attended deceased to 1/- / 3 | | |
| 6. DATE | OF BIRTH (me | onth, day, a | and year) N | larch 21 | 1928. | I last saw h in alive on 11-15 1931; death is | | |
| 7. AGE | Years 3 | | Months 8 | Days 5 | If LESS than I day,hrs. ormin. | to have occurred on the date stated above, at - 4.20 M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | |
| PATION | rade, professi kind of wor SAWYER, B ndustry or bu work was d SAW MILL, | k dona, as OOKKEEPE siness in v | SPINNER, ER, etc which | Non | ne. | Dijehtheria (Laryngeal ?) | | |
| ID. Data deceased last worked at this occupation (month and year) occupation | | | sper | nt in this | Other Contributory Causes of importance: | | | |
| 12. BIRTHPLACE (city or town) Eastport, Md. | | | | | | Other Controllery Causes of Importance. | | |
| 프 13. N | IAME R | ober | t Ford | | | | | |
| 13. N | IRTHPLACE (c | | n) <u>A • 4</u> | . Co., 1 | Ma. | Name ef operation Date of Was there an autopsy? | | |
| 15. N | MAIDEN NAME | E Δ. | my R. | Amos | | 23. If death was due to external causes (VIOLENCE) fill In also the following: | | |
| 16. B | IRTHPLACE (c | | n) _ 4 • _ 4 | . Co., 1 | Ad. | Accident, suicide, or homicida? Date of injury, 19 | | |
| 17. INFORMANT Robert Ford (Address) Eastport, Md. | | | | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Cedar bluff Date Nov. 16, 19 31 | | | | | 16, 19 31 | Manner of injury | | |
| | RTAKER J Address) | ohn | M. Tay | lor Md. | | 24. Was disease or injury in any way related to occupation of deceased? | | |
| 20. FILED | 9 | | 31 7 | | Tegistrar. | (Signed) Learge C. Rosel (Address) 5 Township Sh | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | | |
| DEC 7 1981 | | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIA |
|------------|-------|-----|---------|------------|----|----------|
| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIA |

Jo pluods item 函 properly may plnods that supplied. in plain terms, be carefully OF DEATH pinous -WRITE

BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. County__ Village or City "If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? ______yrs. _____mos.____ herd death occurred (a) Residence: No If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 3_SEX 4. COLORDOR RACE (Month) (Day) (Yaar) 5a Af married, widowed, or divorced HUSBAND of deceasad from (or) WIFE of daath is sald 6. DATE OF BIRTH (month, day, and year) Months If LESS than to have occurred on the data stated above, at 7. AGE 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH end related causas of Importance or____min. ware as follows: Date of onset 8. Trade, profassion, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which PA work was done, as SILK MILL. SAW MILL, BANK, etc ... TO. Date deceased last worked at 11. Total time (vaers) this occupation (month end spent In this occupation ____ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14, BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? important. 15. MAIDEN NAME MOTHER 23. If death was due to external gauses (VIOLENCE) fill in also the following: Accidant, suicide, or homicida?_______ Data of Injury______, 19_.. 16. BIRTHPLACE (city or town) (State or country Whare did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL, CREMAZ OR REMOVA Manner of injury S. CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, spacify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

of OCCUPA

Exact statement

properly classified.

certificate.

See instructions on back of

TION is very important.

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

12794

| 1. PLACE OF DEAT | TH | | (54) | | | | | |
|---|--|------------------------|---|--|-----------------|--|--|--|
| County Ann | e Arund | el | | Registration Dist. No. | | | | |
| Village or City | | | (If | death occurred in a hospital or institution, give its NAME instead of street and n. 14 ds. How long in U.S. if of foraign birth?mo | Ward | | | |
| 2. FULL NAME | Me | rthe Gi | bbs | | | | | |
| (a) Residence: No | An | ne Arun (Usualplace | idel Coun | Lyst., Ward. If nonresident give city or town and | State | | | |
| PERSONAL AN | D STATISTI | CAL PART | CULARS | MEDICAL CERTIFICATE OF DEATH | | | | |
| 3. SEX 4. COLOR female bla | or race | | RIED, WIDOWED. D (write the word) | 21. DATE OF DEATH November 4th | | | | |
| 5a. If merried, widowad, or divor HUSBAND of (or) WIFE of | unknow | /n | | (Month) (Day) (Yai 22. I HEREBY CERTIFY, That I attanded deceased October 20th 19 31 to November 4 19 | | | | |
| 6. DATE OF BIRTH (month, day | , and yaar) | 1884 | | Hast saw her eliva on November 4th 19 31 | ; daath is said | | | |
| 7. AGE Yaers 4.7 | | Days nown | If LESS than I day,hrs. ormin. | to have occurred on the date stated above, at 6: 35 Am. M. The PRINCIPAL CAUSE OF DEATH and ralated causas of importence wera as follows: | Date of onset | | | |
| 8. Trade, profassion, or pa kind of work done, a SAWYER, BDDKKEE! 9. Industry or business in work was done, as S SAW MILL, BANK, e 10. Date daceasad last worl this occupation (mon year) | as SPINNER, PER, etc which ILK MILL, tc ked at tth and | spe |) P.K ime (years) nt in this upation | Exhaustion due to prolonged excitement | 1 mo. | | | |
| 12. BIRTHPLACE (city or town). (State or country) | ٧i | rginia | | Othar Coutributory Causes of Importance: Insenity Manic Depressive - manic type | | | | |
| 13. NAME | David | Brown | | | | | | |
| 13. NAME 14. BIRTHPLACE (city or too (State or country) | wn)Yil | rginia | | Name of operation Deta of What tast confirmed diagnosis? Wes there en a | | | | |
| 15. MAIDEN NAME | Unknown | 1 | | 23. If daath wes dua to axternal causes (VIDLENCE) fill in also the following | | | | |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country) | | | 1 | Accident, suicida, or homicide? Data of Injury, 19 | | | | |
| 17. INFORMANT HOST (Address) | crowns | cords | Maryland | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE. | | | | |
| 18. BURIAL CREMATION, OR RE | HUL. | Date have | 8 193/ | | | | | |
| 19. UNDERTAKER (Address 2 6) 20. FILED TY 6 , 1 | 1 ols 3 / f= | 76 C. } | felia Vez Mel Registrar. | 24. Was diseese or Injury to any way related to occupation of dicaared? If so, specify (Signed) (Addrass) Crownsville Maryls | 3 m. d. | | | |

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
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| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL | SPACE FO | R FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|----------|-----------|------------|----|-----------|
|------------|----------|-----------|------------|----|-----------|

MARGIN RESERVED FOR BINDING

| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | 2795 | | |
|--|--|--|-------------------|--|--|
| 1. PLACE OF DEATH | 100 | | | | |
| County Usine fluinde | L | Registration Dist. No. | 6 | | |
| Village or City Churchten | · · · · · · · · · · · · · · · · · · · | No. St., f death occurred in a hospital or institution, give its NAME instead of street an | Ward | | |
| Length of residence in city or town where death of | | ds. How long in U.S. if of foreign birth?yrs | | | |
| 2. FULL NAME Nathan | il Grass | | | | |
| (a) Residence: No. | | St., Ward. | | | |
| | (Usual place of abode) | If nonresident give city or town a | nd State | | |
| PERSONAL AND STATISTICAL | | MEDICAL CERTIFICATE OF DEATH | | | |
| male lol 0 | INGLE, MARRIED, WIDOWED, R DLYORCED (write the word) | 21. DATE OF DEATH Nov. (Month) | , 193 / (Year) | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 0 | 22. HEREBY CERTIFY, That I attende | d deceased from | | |
| (or) with or | | Nov 11 ,1931, 10 Nov 12 | , 193/ | | |
| 6. DATE OF BIRTH (month, day, and year) Tel- | - 1928 | I last saw harms alive on Nav 1! , 19 6 | ; deeth is said | | |
| 7. AGE Years Months | Days If LESS than 1 day, hrs. | to have occurred on the date stated above, et. 3.0 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance | | | |
| 0 1 / 5 | ormio. | were as follows: | Date of onset | | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | nor. | | Nac | | |
| 9 Industry or business in which | | | /. // | | |
| SAW MILL, BANK, etc. | | | 1931 | | |
| 10. Date deceased lest worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | Bron shehiti | | | |
| Olemak. |) Co.upation | Other Contributory Caoses of importance: | | | |
| 12. BIRTHPLACE (city or town) (State or country) | - COL | | | | |
| 13. NAME Ellsworth & | Sald | | | | |
| 13. NAME CLEAN THE STATE OF THE | Line | Name of operation Dete of | | | |
| (State of country) | <u> </u> | What test confirmed diagnosis? Wes there en autopsy? | | | |
| 15. MAIOEN NAME Gladys | Seed | 23. If death was due to external causes (VIOLENCE) fill in also the follow | ng: | | |
| 5 16. BIRTHPLACE (city er town) Jackey | Jide | Accident, suicide, or homicide? Date of injury | , 19 | | |
| (State or country) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | | | |
| 17. INFORMANT 2015 worth (Address) | Noti | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | 10 | Manner of injury | | | |
| Plece Trost Class Oa | te. Nov. 14., 193/ | Nature of injury | | | |
| 19. UNDERTAKER I'A Hardeely | | 24. Was disease or injury in any way related to occupation of deceased?_ | na | | |
| (Address) Galesville | | If so, specify | | | |
| 20. FILED NOV 13 , 1931 Ses | Dent | (Signed) | M. D | | |
| | Registrar. | (Address) | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions; if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonilis | 3 days ago | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: | 1 year | |
| | | | 1 1/16 | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

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should state of inforof OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel County Registration Dist. No. Crownsville State Hospitalno Village or City

Ward

| PERSONAL AND | STATISTIC | (Usual place | of abode) | 7 1:Snd Ward. If nonresident give city or town and State | |
|--|-----------------------------------|--------------|---|--|--|
| | OR RACE 5. | AL PARTI | CILLARS | | |
| 3. SEX 4. COLOR | | | COLARS | MEDICAL CERTIFICATE OF DEATH | |
| male black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | | | (write the word) | 21. DATE OF DEATH No vember 10th (Month) (Day) (Yes | |
| 5a. If married, widowed, or divorced HUSBAND of (a) WHE-of Abbie Harper | | | | 22. HEREBY CERTIFY, That I attended deceased August 22nd 1931 to November 1019 | |
| 6. DATE OF RIRTH (month day a | and year) 186 | 1 | | Hast saw him alive on Nov. 10th 1931 death i | |
| 7. AGE Years 70 | Timber our lay,hrs. | | | to have occurred on the date steted ebove, at 9:45 Åm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profession, or partikind of work done, as SAWYER, BOOKKEEPE Industry or business in work was done, as SIL SAW MILL, BANK, etc. | SPINNER, R, etc/hich K MILL | Labore | r | General Paralysis of the Insane | |
| SAW MILL, BANK, etc 10. Date deceased last worke this occupation (month year) | d at n and | | me (years) t i n this pation | | |
| 12. BIRTHPLACE (city or town) (State or country) | И | arylan | đ | Other Coutributory Causes of Importance: Senile Dementia | |
| E 13. NAME Georg | e Harpe | r, des | đ | | |
| 14. BIRTHPLACE (city or town (State or country) | unk: | nown | | Neme of operation Date of What test confirmed diagnosis? Was there an autopsy? | |
| 置 15. MAIDEN NAME C8 | rrie Bu | rke, de | ead | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town (State or country) |) Unknow | a | | Accident, suicide, or homicide? | |
| 17 INFORMANT | tal Reco | | ylan d | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REP | goval | Die 11/1 | 1, 13/ | Manner of injury Nature of injury | |
| 19. UNDERTAKER A. (Address) | P. Wm | lurite | 24. Was disease or injury in any way related to occupation of deceased? | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation—was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones : | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

Should PHYSICIANS statement RECORD Exact CTL PERMANEN classified. BINDING 1 × M properly stated IS THIS MARGIN RESERVED may plnods UNFADING supplied. terms, plain efully car DEATH be plnods OF WRITE SE

FOR

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH County / Registration Dist. No. Ward Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______vrs. ____mos. Length of residence in city or town where death occurred 2. FULL NAME St. (a) Residence: No If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above 1 day, ... The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular ATION kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 220 on ID. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation .. instructions Dther Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT See 14_BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?______ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: important Accident, sulcide, or homicide? Date of Injury 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFDRMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation Nature of Injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKES (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| EUREAU V.S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| STATE OF MARYLAND | |
|--|---|
| | No. Casual Heell St., Z Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| 2. FULL NAME (a) Residence by Characterists (b) Lange of the Characterists (a) Residence by Characterists | ds. How long in U.S. if of foreign birth?mosds. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| NEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) | 21. DATE OF DEATH 29 1983/ (Month) (Day) (Year) |
| is If married Widowed, or divorced HUSBAND of (or) WHE of Caula Hempted. | 1 HEREBY CERTIFY. That I attended deceased from Mar. 28 ,193/, to Mar. 29 ,193/ |
| S. DATE OF BIRTH (month, day, and year) May Way W | to have occurred on the date stated above, at 59 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Daty of oneset |
| 8. Frade, profession, or particular kind of work done, as SPINNER Cest Negro. SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, Caused Hall Hall Hall Hall, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | Jugma Verlorer "28/3) |
| (State or county) (State or county) | Other Contributory Causes of innortance: Justificance 11/28/3/ |
| 13. NAME John Hempsled 14. BIRTHPLACE (city or town) Her york (State or country) | Name of operation Mane Date of What tast confirmed diagnosis? Clinical Was there en autopsy? |
| 15. MAIDEN NAME Susale My Mendly 16. BIRTHPLACE (city or town) Hesse Surfa (State or country) 17. INFORMANT Kency H. Defene | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicida? |
| (Address) 3024 Thelease III Washing to (18. BURIAL, CREMATION, OR REMOVAL & C. Date His 29, 1931 | Manner of injury |
| 19. UNDERTAKER Jes. Lacola das la Co (Address) Washington Jacoba Co 20. FILED Mr 29, 1931 Joseffe C. Lya Male | 24. Was disease or injury in any way related to occupation of deceased? Mo. D. (Signed) |
| Registrar. | (Address) Amazara, Ma. |

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| SIAIL OF MAKILAND CLIVINICALL OF DEATH | STATE OF | MARYLAND | -CERTIFICATE | OF | DEATH | 1279 | 9 |
|--|----------|----------|--------------|----|-------|------|---|
|--|----------|----------|--------------|----|-------|------|---|

| · : | 1. PLACE OF DEATH | 49) |
|--------------------|---|---|
| | County William 1 | Registration Dist. No. 23 |
| Village or City | Village or City Swam | No. St., Ward |
| | Length of residence in City or town whera death occurred & Pyrs. | (If death occurred in a horpital or institution, give its NAME instead of street and number) ——————————————————————————————————— |
| | 2. FULL NAMEONAILIE Kathy | ring Herbert |
| | (a) Residence: No. | St Ward. |
| - | (Usual place of abode) | If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | |
| 1 | 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOG OR DIVORCED (write the | WED, 21. DATE OF DEATH Wordy |
| 50 | mel Muts Marry | (Month) (Oay) (Yaar) |
| 34 | If married, widowed, or divorced HUSBANO of (or) WIFE of Mosen St. Herby | (AL 22. I HEREDY CERTIFY, That I attended deceased from 26, 193/, to 200 26, 193/ |
| e 6. | DATE OF BIRTH (month, day, and year) / cury 3 [-18" | 7 1 I last saw h. Z. aliva on h = 23 ,193; death is said |
| certificate | AGE Years Months Days If LES | to have been to the date stated coord, desar as a semi- |
| erti | 60 9 1 P or | |
| TION OF | 8. Trade, profession, or particular kind of work done, es SPHNNER, SAWYER, BOOKKEEPER, etc. | Papillory careinoma of Right overy |
| back | M. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Furth metastases in entire abdominal |
| 000 | 10. Data deceased last worked at this occupation (month and year) | viscora. ewist. |
| instructions | BIRTHPLACE (city or town) All Cf. (State or country) | Other Contributory Causes of importance: |
| nst. | 13. NAME (Judy W Chaury | |
| See i | 14. BIRTHPLACE (city or town) UCS (State or country) | What test confirmed diagnosis? Mi and office Was there en au'opsy? |
| it. | 15. MAIOEN NAME Sarah my Dard | WAZ3. If death was due to external causes (VIOLENCE) fill in also the following: |
| ortant. | 16. BIRTHPLACE (city or town). and | Accident, suicide, or homicide? Date of Injury, 19 |
| od u | (State or country) | Where did injury occur? |
| is very important. | INFORMANT Moses N Heigett (Address) Livery mil | (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. |
| 18 | BURIAL, CREATATION, OR REMOVAL | Manner of Injury |
| - 1 | Place / WYN Oate / LOV US | 193/- Nature of injury |
| 19 | UNOERTAKER (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. | FILEO 28/Vor 1931 Albrille Reco | (Signed) (Address) Syn May Success M. O. |
| - | | Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| BUREAU V. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 114 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| THE PROPERTY OF THE PERSON OF | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| Ny lehas W. May on. | |
|---------------------|--|
| 827 n Charles | |
| à | |

170

RECORD. Every item of inforproperly classified. WITH UNFADING INK-THIS IS A PERMANEN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY,

| 1. PLACE OF DEATH | |
|--|--|
| County and arrival | Registration Dist. No. 24 |
| Village or City Churcher (1 | NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U. S. if of foreign birth?yrsmos ds. |
| 2. FULL NAME Betty Low Ho | Claril - |
| (a) Residence: No. Churchen, h | |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Surge | (Month) (Oay) (Year) |
| 5alf merried, widowed, or divorced HUSBAND of | 22. A HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of No | 22. Left 27 1931 to Lov. 2 1931 |
| 6. DATE OF BIRTH (month, day, and year) September 2), 1931 | Hast saw h w alive on worker 1937; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 4:300 m. |
| 2 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | were as follows: Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | inanititium? |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occuration (month end | |
| 11. Total time (years) this occupation (month end year) | |
| 12. BIRTHPLACE (city or town) . Chruelton, med (State or country) | Other Contributory Causes of importance: |
| 1 | - |
| | |
| (State or country) | Name of operation Oate of Oate |
| | What test confirmed diagnosis? Was there an autopsy? Was there and autopsy? |
| | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) | Where did injury occur? |
| 17. INFORMANT USA Clara | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Beacon Cem Oate Nov 29, 1931 | - Nature of injury |
| 19. UNDERTAKER T. A. Hardealy (Address) | 24. Wes disease or injury In any way releted to occupation of deceased? |
| 20. FILEO MOV 28, 1931 Leo J. Senh M. Registrar. | (Signed) Emy (Hamword M. C (Address) Letteran mil |

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|----------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of curset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 doys ago |
| 1 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR F | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------|---------|------------|----|-----------|
|------------------------|---------|------------|----|-----------|

PHYSICIANS should state Exact statement RECORD. EXACTLY. BINDING properly classified. certificate FOR MARGIN RESERVED back CAUSE OF DEATH in plain terms, so that it may See instructions on mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

S. No. 1

of OCCUPAitem of infor-

| 1. | County Anne Arun | del sville | State Hos | Registration Dist. No. 20 | Ward number) |
|------------|--|---------------|--|---|--------------------|
| 2 | FULL NAME Men | Lynson | | | |
| | (a) Residence: No. Howa | rd Coun | | 8 n. st., Ward. If nonresident give city or town and | State . |
| | PERSONAL AND STATIST | TICAL PART | TICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. S | Sex 4. COLOR OR RACE black | | ARRIED, WIDOWED, CED (write the word) | 21. DATE OF DEATH November 29th (Nonth) (Dey) | ., 193] (Year) |
| 5a. | tf married, widowed, or divorcad HUSBAND of (or) WIFE of | | | 22. I HEREBY CERTIFY. That I attended | daceesad from |
| - | DATE OF BIRTH (month, day, and year) | 1875 | | | ; death is said |
| 7. A | | lknown | If LESS than I day,hrs. ormin. | to have occurred on the date stated above, at 11:30 m. M. The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows: | Date of onset |
| ION | 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | Housew | ork | Cerebral arteriosclerosis | 9 |
| OCCUPATION | 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc | | ••••• | | |
| 000 | 10. Date dacaesad last worked at this occupation (month end year) | sp | itime (yaers) pant in this ccupation | | |
| 12. | BIRTHPLACE (city or town) Marjl (Stata or country) | | | Othar Coutributory Causes of importanca:Senility | ? |
| ER | 13. NAME Unknown | | | | |
| FATHER | 14. BIRTHPLACE (city or town) Un (State or country) | known | | Name of operation Date of Was there are | autoney? |

FATHER MOTHER Unknown 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town)

(Stata or country) Hospi 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Addrass)

20. FILED. Registrar.

| Specify whether | injury occurred in th | ibusiki, in nuwe, o | TIMPUBLIC PLACE. |
|------------------|-----------------------|---------------------|------------------|
| | | | |
| Mannar of injur | у | | |
| Nature of injury | - | 1 | |
| | | . 1 / 1 | / |

23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:

If so, space

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cercbral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| 300 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTH | R STATEMENTS BY PHYSICIAN |
|----------------------------|---------------------------|
|----------------------------|---------------------------|

should state RECORD. Every item of infor-Exact statement of QCCUPA. PHYSICIANS AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. WRITE PLAINLY, N. Br

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 7.0 |
| County CLC | Registration Dist. No. |
| Village or City freedolings | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Langth of rasidenca locally or townwhere daath occurredyrs | 1 |
| () for the deal | uson |
| 2. FULL NAME | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write tha word) | 21. DATE OF DEATH |
| 111 00 111 | (Month) (Oay) (Year) |
| 5a. If married, widowed, or divotcad HUSBAND of (or) WIFE of | 22. HEREBY CERTITY That I attended deceased from |
| 11.01.01.020 | (10) 1951 to 1951 |
| 6. DATE OF BIRTH (month, day, and year) | 1 last saw h aliva on 1200 5 , 1957 ; daath is said |
| 7. AGE Yaars Months Days If LESS than 1 day,hrs. | to have occurred on the data stated above, at / 2 / 0 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 3/ 26 ormin. | were as follows: |
| 8. Trada, profession, or particular kind of work dona, as SPINNER. | pryo came de le man |
| SAWYER, BOOKKEEPER, etc | racingar any |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at 11. Total tima (years) | |
| o this occupation (month and the spent in this occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Offigi Contributory Causes of Importance. |
| (State or sountry) | |
| 13. NAME John of Johnson | |
| 14. BIRTHPLACE (city or town) | Nama of operation Oata of |
| (State of country) | What tast confirmed diagnosis? Was there an autopsy. |
| 15. MAIOEN NAME WARE E Stalling 16. BIRTHPLACE (city or town) (State or country) | 23. If death was dua to external causas (VIOLENCE) fill In also tha following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicida?, Data of injury, 19 |
| ∑ (State or country) | Whera did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT My Jett. Je Gusan | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Throughout lug | |
| 18. BURIAL, CREMATION, OR KEMOWAY Place 1/8 131 | Manner of Injury |
| Place Date 19 | Natura of Injury |
| 19. UNOERTAKER IT Y'S Heller | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Tremedoken Md. | If so, specify |
| 20. FILED. 1/7, 1931 W. D. Clayter | (Signed) M. O. |
| Not free Kegistrat. | (Address) A Long Mlg |
| If more blanks are nfeded, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

OF STABLE SAID

OFFICIAL OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|---|---------------------------------------|---------------|--|---------------|--|
| The principal cause of importance were as | f death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | nec 7 1031 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial neph | ritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory ca | suses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | E I E I COM | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. whatever, write None. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a 'ditional line is provided for the latter statement; it (a) Foreman. (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases. especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronehopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as State cause can be ascertained as the cause. Always qualify all "Puerperal septicaemia." "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marusmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy." "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. causing death), 29 ds.; Bronchopneumonia (seconduse of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MINANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under (Recommendations ou state-Example: Measles (discase

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is

MARGIN RESERVED FOR BINDING

V. S. No. 1 αģ

| | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 12804 |
| County Anne Arundel | Registration Dist. No. |
| | No. 132 West Street St., 4th Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. If of foreign birth?yrsmos,ds. |
| 2. FULL NAME Henry Jacob Kolbe | A.1. |
| (a) Residence No. 132 West Street (Usual place of abode) | St., 4th Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Male 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | 21. DATE OF DEATH. (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Kolbe | 22. I HEREBY CERTIFY. That t attended deceased from 21. 1931, to Some 1931 |
| 6. DATE OF BIRTH (month, day, and year) Janurary 20, 1850 | last saw hew alive on nov 21 1931; death is said |
| 7. AGE Years Months Days If LESS than 1 day, hrs. | to have occurred on the date stated above, at 10.30m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade profession or particular Doting Southan | Date of onset |
| SAWYER, BOOKKEEPER, etc. Church. | Muscordis |
| Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | arterio Schrosia |
| 10. Oate deceased last worked at this occupation (month and year) occupation occupation | |
| 12. BIRTHPLACE (city or town) Pennsylvania (State or country) | Other Contributory Causes of Importance: |
| 13. NAME Collad Kolbe | |
| 14. BIRTHPLACE (city or town) Penna. (Stale or country) | Name of operation |
| 15. MAIDEN NAME Elizabeth Mathes | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Germany (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Mary R. Kolbe (Address) 132 West Street | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff Date Nov. 24, 19 31 | Manner of injury |
| 19. UNDERTAKER John M. Taylor (Address) Annapolis, Md. | 24. Was disease or Injury in any way related to occupation of decaased? |
| 20. FILE For 22 , 1931 frage c. for a told . Registrat. | (Signed) Leonge Hard M.D. (Address) Chipcopolito M.D. |

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of dcath and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | 2 | |

| ADDITIONAL SPA | ACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|---------|---------|------------|----|-----------|
|----------------|---------|---------|------------|----|-----------|

S. No. 1

| STATE OF MAR | YLAND-CEI | RTIFICATE | OF DEATH |
|--------------|-----------|-----------|----------|
|--------------|-----------|-----------|----------|

| 1. PLACE OF DEATH | | 12805 |
|---|---|--|
| County Anne Arund | el | Registration Dist. No. |
| Village or CityCrowns. | ville State | To spi Nel St., Ward |
| Length of residence in city or town where de | ath occurred | (If death occurred in a horpital or institution, give its NAME instead of street and number) mos |
| 2. FULL NAME Luther | Lewis | |
| (a) Residence: No. Baltim | ore City, Ma | |
| PERSONAL AND STATISTIC | (Usualplace of abode) | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE black | or Divorced (write the we | 21. DATE OF DEATH November 27th (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | 22. I HEREBY CERTIFY. That I attended deceased from |
| (or) WHEE of Hatti | e Lewis | April 23 19.30, to November 27, 1931 |
| 6. DATE OF BIRTH (month, day, and yeer) | 1864 | lest saw h 1 m alive on NOV . 27th 1931; death is said |
| 7. AGE Years Months Unkno | Days If LESS 1 1 day, | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Tonachonomo | Cerebral Hemorrhage 50 min |
| 9. Industry or business in which | Longshorema | X |
| work wes done, as SILK MILL, SAW MILL, BANK, etc | 1 | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) Virgi (State or country) | | Other Coutributory Causes of importance: General Arteriosclerosis |
| | | |
| 13. NAME SEMILE Lew: 14. BIRTHPLACE (city or town) Virginia (State or country) | ginia | Name of operation Date of What test confirmed diagnosis? Wes there an autopsy? |
| ដ 15. MAIDEN NAME Marie | Jane Scott | 1023. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Marie 16. BIRTHPLACE (city or town) Vi (State or country) | | Accident, suicide, or homicide? |
| 17. INFORMANT Hospital Rec (Address) Crownsvil | ords le, Maryland | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place MAT AUDIENT | Date Mour 30 ,19 | Manner of Injury Nature of injury |
| 19. UNDERTAKER MAN Katte A. (Address) 322 M. Sch | William Roedla St | 24. Was disease or injury in any way telated to occupation of deceased? |
| 20. FILED my 28 , 19 31 fre | y L C. Joya | (Signed) (Signed) M.D. (Address) CTOWNSVILLE TO |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | [| Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| EUMEAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Spec. -1-10-21-M&T-1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE well Animbertificate of Death. 159 (Usual place of abode) (If non-resident give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word) 17 5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day, and year) 7 AGE Years Months Dave If LESS than The CAUSE OF DEATH* was as follows: 1 day,.....hrs. or.....mln. 8 OCCUPATION OF DECEASED instructions (a) Trade, profession or particular kind of work... (b) General nature of industry, supplied. business, or establishment in CONTRIBUTORY terms, which employed (or employer) (Secondary) (duration) (c) Name of employer See 18 Where was disease contracted if not at place of death? 9 BIRTHPLACE (city or town) (State or country) d Did an operation precede death? should be caref OF DEATH in 10 NAME OF FATHER Was there an autopsy? What test confirmed diagnosis? II BIRTHPLACE OF FATHER (city or town) (State or country) very 12 MAIDEN NAME OF MOTHER 8 mation s CAUSE TION is 13 BIRTHPLACE OF MOTHER (city/or/town) also oga (State or country) 14 MOVAL Informant. (Address) 15

(If death occurred in a hospital or institution, give its NAME instead of street and

16 DATE OF DEATH (month, day, and year)

CERTIFY, That I attended deceased from

and that death occurred, on the date stated above, at ./..

(duration)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Asso.]

or term on the first line will be sufficient, e. g., spective of age. For many occupations a single word healthfulness of various pursuits can be known. The occupation whatever, write None. from business, that fact may be indicated thus: state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons engaged or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework, only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer, "Laborer," form part of the second statement. Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in industect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, question applies occupation is very important, so that the relative Farmer (retired, 6 yrs.). For persons who have no in domestic service for wages, as Servant, Cook, At school or At home. Care should be taken to Statement of Occupation .- Precise statement of "Foreman," "Manager," "Dealer," etc., to each and every person, Physician, Compositor, Archi-Never return irre

indefinite); Tuberculosis of lungs, meninges, peri same accepted term for the same disease. toneum, etc., Carcinoma, Sarcoma, etc., of. respect to time and causation), using always the DISEASE CAUSING DEATH (the primary affection with Bronchopneumonia ("Pneumonia," port "Typhoid pneumonia"); Lobar pneumonia; "Epidemic cerebrospinal Cerebrospinal fever (the only definite synonym is (name origin; "Cancer" is less definite; avoid use of (avoid use of "Croup"); Typhoid fever (never re-Statement of Cause of Death .- Name, first, the meningitis"); unqualified, Examples: Diphtheria

> ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease wound of head-homicide; Poisoned by carbolic acid HOMICIDAL, or as probably such, if impossible to "PUERPERAL septicemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely causing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; the American Medical Association.) death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-INJURY and qualify as ACCIDENTAL, SUICIDAL, undertaken. diseases resulting from childbirth or miscarriage, as "Dropsy," "Exhaustion," "Heart failure," "Hemorvulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be "Tumor" -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of for malignant FOI VIOLENT DEATHS State MEANS neoplasms); Measles;

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

V. S. No. 1

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| (| N. B. Every Item of information should be carefully supplied. ACE should be stated EX. Clans should state CAUSE OF DEATH in plain terms so that it may be properly of statement of OCCUPATION is very important. See instructions on back of certifical |
| 118 | 2 |

| | PLACE OF DEATH | 12806 STATE OF MARYLAND |
|---|--|---|
| | County Earley Heights | CERTIFICATE OF DEATH |
| | 0 0 0 | Registration Dist. No. 21 |
| | Village or City a. a. Co. (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME in |
| | 2FULL NAME Mrs Elysbette | Martley tion, give its NAME in atend of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| | of DATE OF BIRTH Let Muleuoun, 1 | 17 I HEREBY CERTIFY, That I attended the decease from |
| | (Month) (Day) (Year) 7 AGE If LESS than | |
| | 57 yrs. 9 mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| | (a) Trade, profession or House Nife | angua Sala vais |
| (b) General nature of industry business, or establishment in | | A 001/ |
| | which employed or (employer) | (Durstion) ing de |
| | 9 BIRTHPLACE (State or country) Q.a. Co. Md. | Contributory Secondary (Duration) yrs mos de |
| PARENT | 10 NAME OF James Carthur | (Signed) M. D. M. D. |
| | OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, |
| | of Mother unitour | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Mothers | ienta or Recent Residents) At place of death yrs mos ds. Where was disease contracted, |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| | (Informant) Chas. Mantley | usual residence |
| | (Address) Early Heights | Brew Hill Dec. 3m., 19.1 |
| | Filed fre / 1923/ fray 6 C, fragetrar | Chas E. Stick In. 34 north mests |
| | If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, to know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), Auropay, "Senile," etc.), "Dropsy,"
> "Debility" ("Congenital," "Senile," etc.), "Dropsy," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of eause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT BINDING WITH UNFADING INK-THIS IS A PERM MARGIN RESERVED FOR Z WRITE PL

S. No. 1 5

| PLACE OF DEATH | 12807 STATE OF MARYLAND |
|---|--|
| County Come amudel. | CERTIFICATE OF DEATH Registration Dist. No. 23 |
| Village or City Serem (No | St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED WIDOWED COR DIVORCED (Write the word) | (Month) (Day) (Year) |
| Month) (Day) (Year | 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 to 192 that I last saw h Lablive on 125/31, 192 , |
| 7 AGE If LESS than I dayhrs. ormin.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Des deflector |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE | (Signed) (Duration) yrs mos ds. (Signed) M. D. (Salar the Pisrase Causing Death, or, in deaths from |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER | Violent Causes, state (1) (Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs described in the State yrs describ |
| (State or Country). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) | Where was disease contracted, if not at place of death? Former or Testidence 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 11 DATE OF BURIAL 11 - 2 9 19 3 |
| 15 Filed Nov. 27 193 (Woodsuff Physistras | 2D UNDERTAKER ADDRESS ADDRESS Ballo Well F. & W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired_6 yrs). For persons business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken ," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material who have no occupation Grocery;

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhöid fevor (never report "Typhoid Pneumonia"); Lobar paeumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY bу cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory M castes;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

See instructions on back of certificate.

TION is very important.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH

12808

| 1. PLACE OF DEATH | ndel | | Registration Dist. No. | |
|--|---------------------------------------|---|--|-----------------|
| Village or CityCrow. | | (1) | - | Ward umber) ds. |
| and the state of t | ohn Miles rincess A (Usualplace | | omisto County, Maryland If nonresident give city or town and S | State |
| PERSONAL AND STAT | STICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE black | | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH November 12th (Month) (Day) | 193 I |
| 5a. If married, widowed, or divorced HUSBAND OF UNK (or) WIEE-of- UNK | | | June 11th 19 to November | eceased from |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month 28 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEPPER, etc. | Unknown | If LESS than 1 day, hrs. ormin. | I last saw h im alive on Kovember 12, 19 31 to have occurred on the date stated above, ell: 30Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Hemorrhage | |
| kind of work done, as SPINNER SAYYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) | sp: | time (years) ent in this supation | Dther Coutributery Causes of importance: Syphilis | ? |
| (State or country) 13. NAME Wesley Miles, desd 14. BIRTHPLACE (city or town) Maryland (State or country) | | | Name of operetion Date of What test confirmed diagnosis? Was there an au | |
| 15. MAIDEN NAME Jannie (Unknown) dead 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFDRMANT Hospital Records (Address) Crownsville, Maryland | | | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | , 19 |
| 18. BURIAL, CREMATION, OR REMOVAL PIACE. 19. UNDERTAKER (Address) 20. FILED. | Date // | 18 18 Property of Registrar. | Manner of injury Nature of injury 24. Wes disease or injury in any wey related to occupation of deceesed? If so specify (Signed: (Address) POWNSYILL MERTIN | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

7. S. No.

-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| WRITE FLANT WITH UNFADING INKIHIS IS A PERM | N. BEvery item of information should be carefully supplied. ACE shoul | CIANS should state CAUSE OF DEATH in plain terms so that it ma | statement of OCCUPATION is very important. See instructions on b |
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V. S. No. 1

| County anny annual County | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24 |
|--|--|
| Village or City Annapoli (No. Mc | Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) | 16 DATE OF SATHERMEN 25, 1931 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from 24 1931, to 25, 1931, that I last saw h Malive on 25, 1931, |
| 7 AGE If LESS than I day hrs. hrs. or min.? | and that death occurred on the date stated above, at 530 Am, The CAUSE OF DEATH * was as follows: |
| a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Official Secondary |
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) (Durstion) yrs |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, |
| (Informant) COLL Reine Inc. (Address) 1439 ED alto- 13 Filedby 25 19231 from 16 . In a mo | if not at place of death? Former or usual esidence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS |
| Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | | The second second |
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MARGIN RESERVED FOR BINDING

V. S. No. 1

| | 1. PLACE OF DEA | TH | 71 1/1/(11) | | | |
|---|--|----------------------------|--------------------------------|--------------------------|--|-----------------|
| | County Ann | e Arunde | el | | Registration Dist. No. 2I | |
| | Village or Cityn Length of residence in a | | | (11 | No. St., f death occurred in a hospital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth? yrs. ms | |
| | 2. FULL NAME | | | Moore | | |
| | (a) Residence: No. | | (Usual place o | | St., Ward. If nonresident give city or Iown and | State |
| | PERSONAL AN | ND STATIST | ICAL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | | or or race white | 5. SINGLE, MARR OR DIVORCED | (write the word) | 21. DATE OF DEATH November IO (Month) (Day) | , 193 (Yeer) |
| 5a | . If married, widowed, or div HUSBAND of (or) WIFE of | orced | | | 22. I HEREBY CERTIFY, That I attended | deceased from |
| | DATE OF BIRTH (month, da | ay, end year) NO Months | vemberI(| If LESS than 1 day, hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end specific profession) (month end specific prof | | | | | Congenital hydrocephalus (Stillbirth) | Date of officer |
| this occupation (month end year) spent in this occupation. 12. BIRTHPLACE (city or town) Same (State or country) | | | ости | pation | Dther Contributory Causes of importance: | - |
| FATHER | 13. NAME Warf: 14. BIRTHPLACE (city or t (State or country) | | Moorelar | nd . | Name of operation | |
| 15. MAIDEN NAME Lola Schmidt 16. BIRTHPLACE (city or town) (State or country) Md. | | | | | 23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. INFDRMANT Lola Mooreland (Address) Pasadena, Md. | | | | | (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLA | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Magothy Oate II-IO 1931 | | | | [-IO ₁₉ 3I | Manner of injury | |
| 19. UNIVERTAKER W. H. Modreland (Address) Pasadena, Md. 20. FILED // -/0 19 -/ 2. 4. \(\) \(| | | oreland | } lia | 24. Was diseese or injury in any wey related to occupation of deceased? If so, specify Signed) The second secon | and. [|

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil eugineer, mechanical engineer, maining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example L | | Example II | |
|--|--|--|------------|
| The principal cause of death and related causes of importance were as follows: | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| 6/8 | | 6 | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. (If death occurred in EXACT Ward) a hospital or institution, give its NAME in-stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIEDMA WIDOWED. OR DIVORCED hould Write the word 17 6 DATE OF BIRTH that (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ________m, I day hrs. The CAUSE OF DEATH * was as follows: terms 8 OCCUPATION (a) Trade, profession or particular kind of work carefully TH in plair (b) General nature of industry business, or establishment in (Duration) _____yrs. ____mos..... which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary (State or country) EA. DQ 10 NAME OF shoul E OF (Address) 11 BIRTHPLAC *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. S ation CAU (State or country) 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP, ients or Recent Residents) CCU 13 BIRTHPLACE In the At place of death. OF MOTHER ____yrs......ds. (State or Country) item of i Ö Where was disease contracted, if not at place of death?... (Informant) S EVERY Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive at should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cool, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Woinwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Mohing Michael Miller M

carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of telahius) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions mansvered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year |
| | | | |

V. S. No. 1

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 12813 |
|--|--|
| 1. PLACE OF DEATH | 151-e |
| County Unne Urundel | Registration Dist. No. 26 |
| Village or City Churchlon | No. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| (hill: 1)-10 | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME //lleann Uffer | |
| (a) Residence: No. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH |
| Male Col OR BIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of | No Dr in attendamee 19 |
| 6. DATE OF BIRTH (month, day, and year) Nov 22 /93/ | I last saw h alive on, 19; death is said |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated above, at/Am. |
| 0 0 3 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or particular | (Investigated by Local Reg.) Date of onset |
| SAWYER, BDDKKEEPER, etc. | Nov |
| 9. Industry or business in which work was done, es SILK MILL, | Malformation of heart 22 |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end | /93' |
| this occupation (month end spent in this occupation | |
| 12. BIRTHPLACE (city or town) - Churchlin | Dther Contributory Causes of importance; |
| (State or country) Ma | |
| 13. NAME Alex Offer | |
| 14. BIRTHPLACE (city or town) The Seurchlon | Name of operation Dete of |
| (State of Country) | What test confirmed diegnosis? Was there an autopsy? |
| 15. MAIDEN NAME Cora Parker 16. BIRTHPLACE (city or town) Secolley Made (State or country) | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) Secolley | Accident, suicide, or homicide? Date of injury, 19 |
| S (State or country) Md | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT / title Nick (Address) Sha day Irale | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | Manner of injury |
| Place Franklin Can Dete 1800 27, 1931 | Nature of injury |
| 19. UNDERTAKER Les Provones | 24. Wes disease or injury in ony way related to occupation of deceased? |
| (Address) Churchlin Ma | If so, specify |
| 20. FILED NOV 27, 1931 Ges & Dend MD | (Signed) Sent Jent M. D. |
| Registrar. | (Address) Mulakine, Ma |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|---|--------------------|--|---------------|
| The principal cause of death and related cau of importance were as follows: | ISES Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

OCCUPAshould PHYSICIANS statement PERMANENT RECORD. Exact classified. 4 certificate. properly THIS Jo back plnods may INK no that instructions WITH UNFADING supplied. terms, See plain carefully important. OF DEATH should be -WRITE CAUSE mation NOIL

BINDING

FOR

RESERVED

MARGIN

S. No.

1. PLACE OF DEATH (S) County ___Anne Arundel Registration Dist. No. No. _____St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Davidschville 2. FULL NAME Infant Parker (Usualplace of abode) St., Ward. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) BLACK 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of, 19....., to..... 6. DATE OF BIRTH (month, day, end year) November 3 7. AGE Days If LESS than to have occurred on the date stated above, at ______m 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance STILLBORN or____min_ were as tollows: Date of onset 8. Trade, protession, or perticular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc._____ CUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Thomas Parker Maryland 14. BIRTHPLACE (city or town). Name of operation...... Date of (State or country) What test confirmed diagnosis? _____ Was there an aulopsy?____ MOTHER Martha Brown 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Maryland Accident, suicide, or homicide?______ Date of Injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Thomas Parker Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) Davidschville Md 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Davidschville Date Nov. 4 19 31 Neture of injury James T. Cox 19. UNOERTAKER 24. Was disease or injury in any way related to occupation of deceased?... Davidschville (Address) If so, specify 31 Carrie J. Suitt

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEIVED 12/7/31 BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | |
|--|------------------|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset 1 week ago |
| | | 1915 | Attack of epilepsy | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | | July5,1927 | Peritonitis | 3 days ago |
| | REAUV, & | UR | | |
| Other contributory causes o | importante:9 NVI | | Other contributory causes of importance: | |
| Gallstones | CELLED | May 1, 1923 | Gastroenteritis | 1 year |

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 12815 |
|---|---|
| 1. PLACE OF DEATH | |
| | 2 1 1 2 2 1 |
| County A. C. | Registration Dist. No. 🗡 |
| Village or City chanafolis | No. Emergin of Hasfulad St, Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos | |
| 2. FULL NAME Baly Packery, a | |
| (a) Residence No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (pagic the word) | 21. DATE OF DEATH |
| My Con Sangle | (Month) (Day) (Yaar) |
| 5a. If married widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of Salez | nev. 16 1931 to 19 |
| 6. DATE OF BIRTH (month, day, and year) Mar. 16, 193/ | Hast saw h sine alive on dead You. 16, 1931; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 4 30 7 m |
| Stillhista 5 mp. 1 day, | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade protection or particular | Were as tonows. Date of onset 5 mo |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business In which work was done, as Silk MILL, SAW MILL, BANK, atc | |
| 9/Industry or businass In which work was dona, as SILK MILL, | |
| SAW MILL, BANK, atc | |
| O 10. Date deceased last worked at this occupation (month and yaar) | |
| a seli med. | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Municipality (Stata or country) | unknom |
| 13. NAME L. D. Pickering | |
| E mass & | nane |
| 4. BIRTHPLACE (city or town) (State or country) | Name of operation |
| 15. MAIDEN NAME Fanet Gattleile | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Farret Faller 16. BIRTHPLACE (city or own) MA | Accident, sulcide, or homicide? |
| O 16. BIRTHPLACE (city or Nown) (Stata or country) | Where did Injury occur? |
| Janel Prehering | (Specify city or town, county and State) Specify whather injory occurred In IMDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) | |
| 18. BURIAL, CREMATION, OR REMOVAL Taying Cent. | Manner of Injury |
| Place 2000 10 10 10 10 10 10 10 10 10 10 10 10 | Nature of injury |
| 19. UNDERTAKER TO THE FIRE PRICE ALL | 24. Was disease ar injury In any way related to occupation of deceased? 45 |
| (Address) | If so, specify |
| hall it I change held | (Signad) 4 Milles Marles MD |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

(Address)

Auguapolia, mol

Registrar.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis JAN 6 1932 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Perilonitis | 3 days ago | |
| | j | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

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| e paper | |

12816

STATE OF MARYLAND CERTIFICATE OF DEATH

| The same of | | |
|-------------|-----|--|
| 2-0 | 1 | |
| M-F | E.) | |
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| 100 | | |

| 171 405 05 751511 | 14810 |
|--|--|
| PLACE OF DEATH | STATE OF MARYLAND |
| County anne arrendel | CERTIFICATE OF DEATH |
| | Registration Dist. No. 25 |
| Village or City Brooklyn (No. R. 7. A. # | |
| Village or City Droslyn (No. 11. 7.1. # | 7 a hospital or institu |
| The same of the sa | tion, give its NAME in stead of street and |
| 2FULL NAME Thomas W. 14 | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Warried | 16 DATE OF DEATH |
| WIBOWED. OR DIVORCED (Write the word) | Morenter 137.1931 |
| | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | HERETY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw h Lun alive on November 15, 1981 |
| 7 AGE | and that death occurred on the date stated above, at |
| l dayhrs. | |
| yrs. J mos. / ds. or min.? | Cirlerio-Sclerosia |
| (a) Trade, profession or p | |
| particular kind of work | *************************************** |
| business, or establishment in | Ouration) 7 yrs. Omos de |
| which employed or (employer) | Contributory Cerebral Newsrangs |
| 9 BIRTHPLACE (State or country) | Secondary (Dugation) yrs. Afmos d.ds. |
| 10 NAME OF FATHER | (Signed) Gry M. Cronswell M.D. |
| I homas fumbrust | Mart d |
| OF FATHER | *State the Disease Causing Death, or, in deaths from |
| Z (State or country) | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Elia , L. Cromusell | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| OF MOTHER (State or Country) | At place in the of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| 0 % 6,001 | Former or usual residence |
| (Informant) / Cos. Janne C. Jumpenry | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Brown Play and May | C1, 20 10 10 212 1031 |
| 15 _ M 11 _ (Q 1 _ M/) / 1 | 20 UNDERTAKER ADDRESS |
| Filed Un 193 da 11, Vincen Registrar | John Omhall I Sons 1000 Entre Pl. |
| If more banks are needed, address State Registrar | |

V. S. No. 1

WRITE PL

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engincer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

12817

| 1. PLACE | E OF DEAT | ГН | | 97 | 16 | 010 |
|---|---|----------------------------------|----------------|------------------------------------|---|-------------------|
| County | , | nne Aru | ındel | | Registration Dist. No. 4 | 1 |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | OWNSVI | 2 | e Hospit | death occurred in a hospital or institution, give its NAME instead of street and r | |
| | | | | | | |
| | NAME sidence: No | | Ridgele | | ry Stand Ward. | |
| (-/ | | | (Usual place | unty Ma | If nonresident give city or town and | State |
| | | | CAL PARTI | | MEDICAL CERTIFICATE OF DEATH | |
| femal | e 4. colo | R OR RACE .8 CK | | RIED, WIDOWED, O (write the word) | 21. DATE OF DEATH November 16 (Month) (Day) | , 193 1 (Year) |
| 5a. If married, HUSBANE (or) WIFE | | rced — — | | | 22. I HEREBY CERTIFY, That I attended October 26 , 19 29 , to November | |
| 6. DATE OF BI | RTH (month, day | , and year) | 18 | 373 | Hast saw h.er alive on Nov. 16th 1931 | |
| 7. AGE | Years 58 | Months Unku | Days 10 WN | If LESS than 1 day,hrs. ormin. | to have occurred on the dete stated above, 5: 40A .m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: | |
| SA' 9. Industr | profession, or pa d of work done, a WYER, BOOKKEE ry or business in rk was done, as S | as SPINNER, PER, etc which | Housema | | Cerebral Arteriosclerosis | Oate of enset |
| 1 10 40 | rk was done, as S W MILL, BANK, e leceased last wor s occupation (mor ar) | ked et | | me (years) It in this pation | | |
| 12. BIRTHPLAC | CE (city or town) | laryland | | | Other Contributory Causes of importance: Senility | ?? |
| ₩ 13. NAME | Dan | iel Rid | lgeley | | | |
| 13. NAME 14. BIRTHI (St | PLACE (city or to ate or country) | wn) Maryl | and | | Name of operation Dete of What test confirmed diagnosis? Wes there an a | outonsy? |
| 出 15. MAIDE | N NAME Har | riett (| Unknown | 1 | 23. If death was due to external causes (VIOL ENCE) fill in also the following | |
| | PLACE (city or to tate or country) | wn) Mar | | | Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. INFORMAN (Addres | | | cords Marvl | and | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/ | |
| 18. BURTAL, CB | SENATION, OR R | EMOVAL | Date// | 8- 134 | Manner of Injury | |
| 19. UNDERTAK (Addres | | F. Wa | Maria | - super | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. FILED | 1/18 .1 | 37 L | 200 / | Registrar. | (Signed) (Address) Crowney illa Hervis | M. D. |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ogo |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days aga |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PHYSICIANS should state

Exact statement of OCCKPA-

of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | . PLACE | OF DEA | ТН | | 91 | 12818 |
|------------|--|---|---------------------------------------|--------------------------------------|---|--|
| | County | Anne | Arunde. | 1 | | Registration Dist. No. |
| | Village or Length of r | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Growns | | | i No. 1 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) death. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2 | . FULL N (a) Resid | | | tobinsor Loo Cour (Usual place | ity, Mary | 16 St. d Ward. If nonresident give city or town and State |
| | PERSO | NAL A | ND STATISTI | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. S | sex ele | | OR OR RACE | | RIED, WIDOWED. O (write the word) WEQ | 21. DATE OF DEATH November 20th (Month) (Oay) (Year) |
| | If married, wid HUSBANO of (or) WIFE of | | Unknown | 2086 | | 22. I HEREBY CERTIFY, That I attended deceased from Feb. 24th 19 29, to Nov. 28th 19.31 Ilast saw h im alive on Nov. 28th 19.31 death is sail |
| 6. E | OATE OF BIRT | H (month, da 'ears | | 1875 | 1 151500 41 | to have occurred on the date stated above, at 6:10Pm |
| /. A | | 56 | Months Unl | Days n Own | If LESS than 1 day, hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral arteriosclerosis Oate of onsel |
| OCCUPATION | 9. Industry o work o SAW M 10. Date dece this oc | r business i was done, as NILL, BANK, ased last wo cupation (mo | SILK MILL, etcorked et onth and | octu | | Other Contributory Causes of importance: Senile dementia |
| | (State or co | | , | | n Robins | |
| FATHER | 14. BIRTHPLA | CE (city or t or country) | own) | | II TOOTII | Name of operation Oate of What test confirmed diagnosis? Wes there an autopsy? |
| ER | 15. MAIOEN | NAME | Milke I | Parlett | | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: |
| MOTHER | | CE (city or t or country) | own). Margel | land | | Accident, suicide, or homicide? |
| 17. | INFORMANT (Address) | | spital Pownsvill | | land | Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. | BURIAL, CREM | ATION, OR | REMOVAL M | 1 date Del | 2 ,193 | Menner of injury |
| 19. | UNOERTAKER (Address) | 4/1 | Stewo | liste | my mi | 24. Was disease or injury in any way related to occupation of deceased? |
| 20, | FILED | 79, | 19.32 | 2076 C | Registrar. | (Sigled) (Address) Craunsville, Maryland |

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| Example I | Managara Angara | Example II | | | |
|--|---|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 weck ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| AURERU V. B. | | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gollstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |

CLANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA WRITE PLA

V. S. No. 1

| | PLACE OF DEATH County anne arendel | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 |
|------|---|--|
| | Village or City Narmon (No. 2FULL NAME John R. & app | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) | 16 DATE OF DEATH (Month) / (Day) / 9/(Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192/, 192/, that I last saw h / Le alive on 2/2/ / 9/2/, |
| | 7 AGE If LESS than day hrs. 1 day hrs. or min. | and that death occurred on the date stated shove, atm. The CAUSE OF DEATH * was as follows: |
| 1000 | 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Trans (De da. |
| | 9 BIRTHPLACE (State or country) 10 NAME OF FATHER | Contributory Secondary (Duration) yrs |
| | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | *State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place of deathyrsmosds. Where we disease contracted. |
| | (Informant) Comma J. Saffing for (Address) Saffing for Registral | Former or usual residence 19 PLACE DF BURIAL ORREMOVAL Freedohip escale 20 UNDERTAKER THE WORLD WHILE OR ADDRESS DE WOLLD WHILE OR ADDRESS |
| | If more banks are needed, addre.s Ltate Registrate | , 16 W. Saratoga St., Balto., Lequesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Loborer—Coal mine, etc. Won-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of ," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEANT ('the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from ehildbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." aceident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," " " Marasmus, " "Old Age, " "Shock, (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RYLAND—CERTIFICATE OF DEATH

_____yrs.____mos.

If LESS than 1 day, hrs. or min.

| 4 1 | | S | TATE C | OF MAR | YLAND- |
|------------|---|--|---|------------------------------|--|
| OFA | 1. PLACE O | F DEAT | ГН | | |
| 0000 | County | Anr | | | C |
| | Station | | | | |
| | Length of resi | dence in ci | y or town where | death occurred | yrsn |
| | 2. FULL NA | ME | alter Le | o Savins | k i |
| | (a) Residen | ce: No | | | |
| Hillian | PERSON | AL AN | D STATIST | | |
| 3. | SEX Male | 4. COLO | R OR RACE | 5. SINGLE, MAR OR DIVORCE | RRIED, WIDOWED, |
| 5a | . If married, widow HUSBAND of | | | DIMETO | |
| | (or) WiFE of | | | | |
| 6. | DATE OF BIRTH (| month, day | , and year) Au | g. 17, 1 | 931 |
| | AGE Year | | Months | Days | If LESS than |
| | 1 | | | 26 | ormin. |
| OCCUPATION | 9. Industry or 1 Work was SAW MIL | BOOKKEE Dusiness In done, as S L, BANK, e | PER, etc | | Javal place of abode) PARTICULARS GLE, MARRIED, WIDOWED, DIVORCED (write the word) 10 |
| ŏ | this occup | ation (mon | th end | spa | nt in this |
| 12. | BIRTHPLACE (cit | y or town). | | | |
| ~ | (State or coun | | | | • |
| ATHER | 13. NAME | | | Y A THON'T | |
| FA | 14. BIRTHPLACE (State or | | vn)Ohi | 0 | |
| 1ER | 15. MAIDEN NAM | NE Kat | herine l | ranneck | |
| MOTHER | 16. BIRTHPLACE (State or | (city or tov | Anne Arundel Gotts Station ce in city or town where death occurred yrs | | |
| 17. | INFORMANT | Cather | | | |
| 18. | BURIAL, CREMATI | on, or re Mary | MOVAL | | |
| 19. | UNDERTAKER _ [| | | & Scn | |
| 20. | FILED 11/1 | 5/31 | Josep | h C. Joy | ce, M.D. |

| | | Registrati | on Dist. No | 21 |
|--------------------------|------------------------|--------------------|---|--------------------|
| No | | | St. | . Ward |
| death occurred | in a hospital or insti | | ME instead of street | and number) |
| | tion tong in 0.0. | or roreign pittin; | yiS | mosas. |
| CA | Wand | | | |
| SL, | Ward. | If nonresid | ent give city or towr | and State |
| | MEDICAL (| CERTIFICA | TE OF DEAT | Н |
| 21. DAT | E OF DEATH | 37 3 | 7.7 | |
| 1 | | (Month) | er 13, | (Year) |
| 22. | IHEREB | YCERTI | FY, That I atter | nded deceased from |
| | | | Nov. 13 | |
| I last saw h | _em alive on | Nov. | 12,195 | 3.1; death is said |
| | urred on the date sta | | | |
| The PRINC were as fol | IPAL CAUSE OF DEA | ATH and related c | auses of importance | |
| | | | | Date of enset |
| | | | | |
| AC | UTE GASTRO | -ENTER IT | IS | |
| | | | | 4 days |
| | | | | |
| Other Couts | ributory Causes of im | portance: | | |
| | | | | |
| | | | | |
| | | | | |
| Name of op | eration | | Date | of |
| What test co | onfirmed diegnosis? | | Was there | an autopsy? |
| 23. if death v | vas due to external ca | uses (VIOLENCE |) fill in also the follo | owing: |
| Accident, su | icide, or homicide? | | Dete of injury | , 19 |
| Where did in | njury occur? | | | |
| Specify whe | ther injury occurred | in INDUSTRY, in | or town, county and HOME, or In PUBLIC | State) PLACE. |
| | | | | ************ |
| | njury | | | |
| Nature of in | | | | |
| 24. Was disea | ase or injury in any | way related to occ | upation of deceased | ? |
| if so, specif | у | 7 | 2 | |
| (Signed |) Jose | 74 6 1 | XZZ | M, D. |
| | (Address) | un | 4/16 | hud |
| too NY Chant | . C D 1 | | . / | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker, operative out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

19. UNDERTAKER

1.7., 19.3/

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Plaods Registration Dist. No.___ County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. Nof foreign birth? _____yrs. ____mos. Length of residetce in city or town where death occurred If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, wor OR DIVORCED (write the we 198 / (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HEREBY CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at. I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ win 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of Importance 12. BIRTHPLACE (city or town . (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?.. ----- Data of injury___ 16. BIRTHPLACE (city or town (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. plnoy very OF (Address Manner of Injury WRITE CAUSE mation Natura of injury LION 24. Was disease or injury in any way related to occupation of deceased?

(Yaar)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | Example II | | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| DEO 7 1001 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

BINDIN

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Exa | mple I | | Example II | | |
|---|--------------------|---------------|--|---------------|--|
| The principal cause of death of importance were as follow | and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | neo er me | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | 1 245 | July 5,1927 | Peritonitis | 3 days ago | |
| | PEIDELE | | | | |
| Other contributory causes of | f importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| 1. PLACE OF DEATH | 8270 | <u> </u> | |
|--|--|---|--------------------|
| County Anne Arundel | | Registration Dist. No. | 1 |
| Village or City Annapolis | (lf | No. 74 Charles Street St., death occurred in a hospital or institution, give its NAME instead of street and r | |
| | | ds. How long in U.S. if of foreign birth?mc | os |
| 2. FULL NAME John W. S | | | |
| | Cles Street (Usualplace of abode) | St. 2nd Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5 | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH November 79 (Month) (Day) | , 1997 / (Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rauces | anne Smith | 22. I HEREBY CERTIFY. That I attended | De 10 0 1 |
| 6. DATE OF BIRTH (month, day, and year) Jur. | ne 5th. 1851. | I last saw h in alive on October 19 | .; death is sai |
| 7. AGE Years Months | Days If LESS than | to have occurred on the data stated above, at 3 7m. | |
| 80 5 | 24 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: | Date of onse |
| 8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Carpenter | Hemphlegia | 1927 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | | | - |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | - |
| 12. BIRTHPLACE (city or town) Annapo | olis, Md. | Other Contributory Causes of importance: 2 Mg Cerebral Hunonbag | 1-9-31 |
| # 13. NAME Unknown | | 3 | |
| 14. BIRTHPLACE (city or town) (State or country) | | Name ef operation Date of What test confirmed diagnosis? Was there an | 74 |
| 15. MAIDEN NAME Unknown | | 23. If death was due to external causes (VIOL ENCE) fill in also the following | |
| 16. BIRTHPLACE (city or town) (Stata or country) | | Accident, suicide, or homicide? Date of injury Where did injury occur? | |
| 17. INFORMANT Frank O. Smit | th St., Annapolis | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's | Date Dec. 1, 19 31 | Manner of injury | |
| 19. UNDERTAKER John M. Taylo (Address) Annapolis, | or Maryland | 24. Was disease or injury In any way related to occupation of deceased? | 2 |
| 20. FILED 20 30, 131 Any | In C. In a m | (Signed) Malfon II Hoffe | 7 0M. |

stated EXACTLY. A PERMANEN properly classified. certificate. S MARGIN RESERVED WITH UNFADING INK-THIS AGE should be of See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. .-WRITE PLAINLY,

should state item of infor-

PHYSICIANS Exact statement

FOR BINDING

of

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting OVS. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

V. S. No. 1

| STATE C |)F | MARYL | AND- | CERTIFI | CATE | OF | DEATH |
|---------|----|-------|------|---------|------|----|-------|
|---------|----|-------|------|---------|------|----|-------|

| 1. PL | LACE OF | DEATH | | 98 | 2-0 | 12828 |
|--|---|--|--|--|---|---------------------|
| C | ounty Al | nne Arunde | 1 | | Registration Dist. No. | 21 |
| ٧ | illage or Ci | ty Eastpor | t, Mary | | NoS | t.,Ward |
| | ameth of could | | | | (If death occurred in a hospital or institution, give its NAME instead of streetorsds. How long in U.S. if of foreign birth?yrs | |
| | | | | | ius | |
| | | ME August | | | | |
| (8 | a) Residence | Eastport, | Md 4Usual pla | ce of abode) | Ward. If nonresident give city or too | vn and State |
| F | PERSON | AL AND STATIS | The state of the s | | MEDICAL CERTIFICATE OF DEA | |
| 3. SEX | ale | 4. COLOR OR RACE | OR DIVOR | ARRIED, WIDOWED, CED (write the word) | 21. DATE OF DEATH WOY 18 | , 198/ |
| | | ed, or divorced | l lyla. | rried | (Month) (Day) | (Yaar) |
| HUS | BAND of WIFE of | | ne Snyd | er. | Lawy 10 1929 to Nov | ended deceased from |
| 6. DATE | OF BIRTH (| month, day, and year) | July 15 | , 1855 | Plast saw h le alive on New 15 15 | 3/ ; death is said |
| 7. AGE | Yaar | s Months | Days | If LESS than | to have occurred on the data stated above, at | |
| | 76 | 4 | | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows: | Date of onset |
| CUPATION CO | kind of w SAWYER, Industry or b work was SAW MILI Date decease | slon, or particular ork done, as SPINNER, BOOKKEEPER, etc susiness in which done, as SILK MILL, L, BANK, etc d last worked at ation (month and | 11, Tota | ed Baker I time (years) pent in this | Rostre Hume | 0 |
| T B | year) | | | coupation | Other Contributory Couses of importance: | |
| | HPLACE (city State or coun | | many | | Suiles | |
| ₩ 13. N | NAME | Unl | nown | | | |
| 13. N | BIRTHPLACE | (city or town) | | | Name of operation Dai | ta of |
| | (Stata or | | | | What test confirmed diagnosis? Was the | re an autopsy? |
| 15. N | MAIDEN NAM | ne Unl | known. | | 23. If death was due to external causes (VIOLENCE) fill in also the fo | llowing: |
| 15. M | BIRTHPLACE (Stata or | (city or town) country) | | | Accident, suicide, or homicide? Date of Injury_ Where did injury occur? | |
| 17. INFOF | RMANT | Mrs. Chri | stine Sn | | (Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL | |
| 18. BURIA | AL, CREMATI | on, or removal Mary's | | . 21, 1,31 | Manner of injury | |
| 19. UNDERTAKER John M. Taylor (Address) Annapolis, Maryland. | | | | ryland. | 24. Was disease or injury in any way related to occupation of deceas | ed? |
| 20. FILED | m | 20,1931 | yhc. | g co 22 Registrar. | (Signed) Universe Varies | had M.D. |
| | | | | - | 1 | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—I TION is very important. See instructions on back of certificate.

| (12) | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | |
| County Anno Arundu | Registration Dist. No. 2.3 |
| Village or City Kayner Hats | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds. |
| 2. FULL NAME GROUGE STYDEN | |
| (a) Residence: No. Franklin Drz | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. St. 4. COLOR OR RACE OR DIVORCED (rurine they word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Satherine Lichtenberg Snight | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 3-Oct 1857 | I last saw h alive on 19; deeth is seid |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et 230 m. |
| 74 / 9 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Date of onset |
| 9. Industry or business in which | Rinal Disings |
| SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (gonth) and spant in this occupation (gonth) and occupation occupation. | |
| 12. BIRTHPLACE (city or town) Fichmond Vuginia (State or country) | Other Coutributory Causes of importance: |
| 13. NAME Stephen Anulet | |
| 14. BIRTHPLACE (city or town) Server | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an au opsy? |
| 15. MAIDEN NAME UNKnown | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Stranburg | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT CONTROL OF THE CONTROL | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAN, CREMATION, OR REMOVAL | Manner of injury |
| Place Muslim limiting Date from 193 (| Nature of injury Trong 7 1 1 |
| 19. UNDERTAKER BLENGE LASSINGER | 24. Was disease of miscraft any way related to occupation of deceased? |
| 20. FILED Ser 14., 1971 Cakloved Nos Suff | (Signed) M. D. (Address) Landhullen A. |
| If more blanks are needed, address State Registrar, | 1411 N. Charles Street, Balimore, Requesting U. S. No. 1. |

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Example II | |
|---|--|---------------|
| The principal cause of death and related crosses Date of onset of importance were as follows: | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis 215 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | Run over by street ear | 1 week ago |
| Cerebral hemorrhage July 7,1924 | Peritonitis | 3 days ago |
| | | |
| Other contributory causes of importance: | Other contributory causes of importance: | |
| Gallstones May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
| This was not 4 coroners cases |
| True when my forquest |
| Alorell Washings |
| |
| |

V. S. No. 1

| or- ate | STATE OF MARYLAND | CERTIFICATE OF DEATH |
|---|--|--|
| sta P | 1. PLACE OF DEATH | 12826 |
| 5 7/S | County Amy Arunall | Registration Dist. No. 2 |
| sho of O | Village or City Linthicum Beight | death occurred in a horpital or institution, give its NAME instant of street and number) |
| NS nt | Length of residence In city or town where death occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| RD. Every YSICIANS statement | 2. FULL NAME Francis Thomas | Stockett - Sr |
| SIC stat | (a) Residence: No. Hammonds Ferry 1 | Para Q Ward |
| | (Usual place of abode) (PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| RECC. PH Exact | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH A |
| I.Y | Male While OR BIVORGED (gring the world) | (Month) (Day) (Year) |
| MANE A C T] assified | 5a. If married, widowed, or divorced - HUSBAND of - (47) Wife of John 20 CM Tischer Stankoft | 22. I HEREBY CERTIFY, That A attended deceased from |
| MA K A lass | tor wire of Amily Tight Stocker | 18 Oct 1930, to 4 100 1931 |
| EX EX cl y cl te. | 6. DATE OF BIRTH (month, day, and year) 12 July 1860 | I last sew h alive on 24 f & O , 19 3/; death Is said |
| IS A Pl stated properly | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 3443-11-m. |
| IS A I stated properlifica | 7/ 13 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| be st be pr of ce | 8. Trade, profession, or particu Mr kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Cardio Vascular Disease of onest |
| - | 9. Industry or business in which | Asterio Aelenasia |
| vK—T should it may n back | 9. Industry or business in which work wes done, es SILK MILL, Auchart SAW MILL, BANK, etc | A CONTROL OF THE STATE OF THE S |
| 100 | 10. Date deceased last worked at 1919 11. Total time (years) spant in this | |
| NFADING I pplied. AGE erms, so that instructions o | year) occupation | Other Contributory Causes of importance: |
| Se se icti | 12. BIRTHPLACE (city or town) | Angina lectore |
| FA] ied. ns, stru | (State or country) Maryland | 0 4 days |
| · | H 13. NAME TOLLES STOCKELL | |
| H U su iin t | 14. BIRTHPLACE (city or town). Paltimore (State or country) | Name of operation |
| IIIy pla | (Colate of Country) | What test confirmed diagnosis? Was there an au'opsy? A |
| W efu in ant | 15. MAIDEN NAME Amil | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| INLY, be car EATH import | 15. MAIDEN NAME Amil " 16. BIRTHPLACE (city or town) Paltamore (State or country) | Accident, suicide, or homicide? Dete of injury, 19 |
| INI be EAT imp | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| | 17. INFORMANT STAR STORY AND STAR AND S | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Should OF D | 18. BURIAL, CREMATION, OB REMOVAL | Manner of injury |
| F-3 02 | Place Iber onfully of Date 11/28/ 19.31. | Nature of injury |
| -WRIT mation CAUSH TION i | 19. UNDERTAKER Latin Into away Hoon. | 24. Was disease or injury in any way related to occupation of deceased? No |
| | (Address) 901 pt altrus St | If so, specify |
| 4 | 20, FILED 10 / 27, 1963 1 Janua & Carel | (Signed) al well bottleff from M. D. |
| | Registy 7. | (Address) Len thielum speight o Ma) |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1. |
| | | |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | - | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

BINDING

RESERVED

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|--|---------------|--|---------------|--|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| 4 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | 1 | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

MARGIN RESERVED FOR BINDING

V. S. No. 1

12028

| I PLACE OF DEATH | | | | 5. |
|---|------------------------------|-------------------------------------|--|--|
| County Anne Arundel | | | Registration Dist. No. | 4 |
| Village or City Weems Cre | ek | | NDSt., | Ward |
| Length of residence in city or town where death | occurred | | death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth? | |
| | | | | |
| 2. FULL NAME Elenore S | | na,s | | |
| (a) Residence: No. Weems C | (Usual place | of abode) | St., Ward. If nonresident give city or town | and State |
| PERSONAL AND STATISTICA | | | MEDICAL CERTIFICATE OF DEATI | The second secon |
| | OR DIVORCE | RIED, WIDOWED, (write the word) ied | 21. DATE OF DEATH May. 13 | , 198. / (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William O. | Thoma | a.s | 22. LHEREBY CERTIFY. That I atten | |
| 6. DATE OF BIRTH (month, day, and year) Dece | ember | 18. 1893 | I last saw her alive on nov - 13, 19: | |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the data stated above, at | |
| 37 10 | 26 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8 Trade profession or particular | usewi | | Tulmanary Tubercut | Date of onset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occuration (month and | | | | |
| 10. Date daceased last worked at this occupation (month and year) | 11. Total ti sper occu | me (years) It in this pation | | |
| 12. BIRTHPLACE (city or town) Annapol (State or country) | is, M | d. | Diher Contributory Cause of importance: | 193 |
| 1 | rever | | | |
| 13. NAME Henry A. Sch 14. BIRTHPLACE (city or town) Maryl (State or country) | | | Nama of operation | of an autopsy? 20 |
| 15. MAIDEN NAME Emma Kais | er | | 23. If death was due to extarnat causes (VIOLENCE) fill in elso the folto | wing: |
| 15. MAIDEN NAME Emma Kais 16. BIRTHPLACE (city or town) Mary (Stata or country) | land. | | Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. INFORMANT William O. I | | | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC | |
| 18. BURIAL, CREMATION, DR REMDVAL Place Cedar Bluff D | | 16, ,,,31 | Manner of injury | |
| 19. UNDERTAKER John M. Taylo (Address) Annapolis, | md. | | 24. Was diseasa or injury in any way related to occupation of deceased If so, specify | no |
| 20. FILED 9 15 , 19 31 gr | y he c | . Kegistrar. | (Signed) J. Willia Marke | ma |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal eause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis · | 3 days ago |
| Other contributory causes of importance: | | Other contributory eauses of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| No. 1 | B.—V |
|-------|------|
| N. V. | Z'T |
| | U |

| 1 | / STATE (| OF MARYLAND— | CERTIFICATE OF DEATH | 829 |
|--|--|---|---|------------------|
| Λ | 1. PLACE OF DEATH | | 107-6 | 640 |
| | County Anny Mru | nolel | Registration Dist. No. | 6 |
| | Village or City_ Church | in | No. St, f death occurred in a hospital or institution, give its NAME instead of street and i | Ward |
| | Length of residence in city or town where 2. FULL NAME Frances | | ds. How long in U.S. if of foreign birth?yrsm | |
| | (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town and | State |
| | PERSONAL AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | 3. SEX 4. COLOR OR RACE Fem Col | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH A 2 (Month) (Oay) | , 193/ (Yaar) |
| A STATE OF THE PARTY OF THE PAR | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 0 | 22. I HEREBY CERTIFY, That I attended Nov 2 1931 to Nov. 2 | deceased from |
| - | 6. DATE OF BIRTH (month, day, and year) | an 15 1931 | Hast saw her alive on Nov 2 198/ | |
| | 7. AGE Years Months O | Oays If LESS than 1 day, hrs. ormin. | to have occurred on the date stated above, at 9 3 U.S. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| | 8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc | none | Bronchilis | nov 1 1981 |
| | work was done, as SILK MILL, SAW MILL, BANK, etc | 11. Total time (years) spent in this occupation | Other Coutributory Causes of importance: | |
| | 12. BIRTHPLACE (city or town) (State or country) (State or country) 2 13. NAME Frank Chan | enton Md | Capellary Bronshitis | |
| | 14. BIRTHPLACE (city or town) (State or country) | llinne Ma | Name of operation Dete of What test confirmed diagnosis? Was there an a | autopsy? |
| | 15. MAIDEN NAME Goldie 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN (Address) | Thompson welling ma Phompson | 23. If death was due to external causes (VIOL ENCE) fill in also tha following Accident, suicide, or homicide? | : ,19 |
| | 18. BURIAL, CREMATION, OR REMOVAL Place Franklin Cern | Date Nov 3 ,1921 | Manner of injury | |
| | 19. UNDERTAKER THAT HE HANDE | sty my. | 24. Was disease er injury in any way related to occupation of deceased? | ho |
| Annual Property and Personal Property and Pe | 20, FILED MOV 2 , 1931 Ge | 8 J Denh MrD Registrar. | (Signed) Les 11 Stent (Address) Churchlon Ma | M. E |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, incehanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset 1 week ago | |
| Arteriosclerosis | 1915 | Attack of epilepsy | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | - | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| - | |
|----|--|
| Z. | |
| 20 | |
| 3 | |

| 1PLACE OF DEATH | 12830 |
|--|---|
| County Arme arusel (85) | CERTIFICATE OF DEATH |
| 62. | Registration Dist. No. 22 |
| Village or City Amazorli Jugaren Se | with Training Stibles (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) wiele | 16 DATE OF DEATH (Month) 32 (Day) /93/ (Year) |
| 6 DATE OF BIRTH April 13, 1901 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192 D. to 2 2 , 192 / that I last saw h alive on 200 2 / , 192 / |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at 5 20 P. m. The CAUSE OF DEATH * was as follows: |
| BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Epilopter Conveller |
| 9 BIRTHPLATE (State of Guintry) 10 NAME OF Elward Thompson 11 BIRTHPLACE | Contributory Secondary (Duration) 30 yrs. 7 mos. 9 ds. (Signed) Duration M. D. Nov 2 3 1931 (Address) Language dis let, mes |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) |
| (State or Country) de la celestre de la 14 THE (BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (International Description of the Country of the Co | of deathyrs |
| (Address) Auropolis Job. ond 15 Filed hor 23 1931 blane W. Rozaluf. Log W. Registras | Date of Burial OR REMOVAL Washington DC 20 UNDERTRICEN 20 UNDERTRICEN ADDRESS Complete Sards los Complete Sards los Complete Sards los |
| word, | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken (a) Foreman, (b) Automobile factory. The materia Physician, Compositor, Architect, For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer, (b) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed-term for the same disc.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal maninguis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis American Medical Association.) Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

| | STATE | OF MARYI | _AND_CERTIFICA | TE OF DEA | TH 14031 |
|-------------|-------------|----------|----------------|-----------|----------|
| 1. PLACE OF | DEATH | _ | 26) | | 40 |
| 0 | 11 10 18 11 | | | Desta de | 2 |

| 1. PLACE OF DEATH | * 4° |
|--|---|
| County Gune arundel | Registration Dist. No. |
| Village or City Kaurel | No. Distrect Francing Schoolst, Warr |
| Length of residence in city or town where death occurred 2 yrs 9 | (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. A.7 ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME) Kumphrey Julah | January 1980 |
| 1 - 16-11 11 97 6 | Mande to 20 |
| (a) Residence: No. 6 5 2 Const Syr. 1. 6 (Usual place of abode) | St., Ward. If nonresident give city at town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3, SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 1 HEREBY CERTIFY. That I attended deceased from |
| m. 14 19,6 | I last saw ham live on Novembe 30, 193/; deeth is sai |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | |
| // / / l day,h | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| & Trade profession or particular | were es follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | - Sons abscess Juler culor June 2 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | (1931 |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this occupation occupation | |
| Washington | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | Idiaci Gartla |
| 13. NAME Charles Joseph Delghno. | |
| 13. NAME (Korte Joseph Selghno) 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) Wary level | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Clara Stumphrey | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) / Maryland. | Where did injury occur? |
| 17. INFORMANT Statuted Statute Achoo | (Specify city ar town, county and State) Specify whether Injury occurred In INDUSTRY, in HOMB, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | / Manner of Injury |
| Placether oliver century Date dilect 1, 190 | Nature of injury |
| 19, UNDERTAKER Jolen J. Stewart | 24. Was disease or injury in eny way related to occupation of deceased? |
| (Address) 30 18 po. 21 6. | If so, specify |
| 20. FILED LAY 30 1931 Olgia Widowslip - | (Signed) (sugaret of faces M. |
| Registrar. | (Address) Laserel Trea |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | ************ |
|--|---------------|--|--------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE | OF DEA | тн | | | | |
|-------------------------------|---|---------------------|--------------------------------|------------------------|---|-------------|
| County_ | An | ne Arun | del | | Registration Dist. No. 2I | |
| Village o | or City | Jacobs | ville | | ND | Ward |
| | | | | | death occurred in a hospital or institution, give its NAME instead of street and numb | |
| | | | | | | 05. |
| | | | a Toller | | | |
| | dence: No | | Obsville (Usual place o | | St., Ward. If nonresident give city or town and State | e • |
| | | | ICAL PARTIC | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX femal | | er or race | 5. SINGLE, MARE OR DIVORCED | (write the word) | 21. DATE OF DEATH November 6th (Month) (Day) | Year) |
| 5a. If married, wi | dowed, or divo | | | | | |
| (or) WIFE o | f | | | | 22. I HEREBY CERTIFY, That I ettended dece | |
| | | | | | , 19 , to | |
| 6. DATE OF BIR' | TH (month, day Years | y, and year) Months | Septembe | er30, 193] | I last saw h | ath is said |
| 7. AGE | iearz | | | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| O Trade | | I | 7 | ormin. | ware as follows: | te of onset |
| No. Trade, pr | rofession, or pa of work done, YER, BOOKKEE | as SPINNER. | | | 5 ca dus dilymitodiympita di a | |
| 9. Industry | or business in | which | | | | |
| SAW SAW | was done, as S MILL, BANK, o | SILK MILL, etc | | | | |
| till 3 c | eased last wor | nth end | 11. Total tir | ne (years) tin this | | |
| year) | | 6 | allemo | pation City | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE | | Jach | sville | | | |
| (State or | | - D 1 | Md | • | | |
| II I3. NAME | Geo: | rge Rob | inson | | | |
| 1.7 | ACE (city or to | own) | Md | | Name of operation Dete of | |
| (Stat | | 772 - 7 - 4.4 | | | What test confirmed diagnosis? NO.NE | sy?NO |
| 15. MAIDEN | NAME | violett | a Toller | | 23. If death was due to oxternal causes (VIOLENCE) fill in also the following: | |
| | ACE (city or to | wn) | | Md. | Accident, suicide, or homicide? Date of injury | , 19 |
| (300) | | | | TELC. | Where did injury occur? (Specify city or town, county and State) | |
| 17. INFORMANT Violetta Toller | | | | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREI | | Cobsvill | le, Md. | | ## | |
| | | | Date II-8 | I 5e1 | Manner of injury | |
| | | -d | 1 | | Nature of injury | |
| 19. UNDERTAKER | | ndrew Ma | | 0 | 24. Was disease or injury in any way related to occupation of deceased? | |
| 11 | . 6 | ltimor | Md. | (A= 2. | (Signed) Z - a. K Viga | M D |
| 20. FILED | | /ح. 19 | a.ce. | Registrar. | (Address) Dunclum m | ط- |

IS A PERMANENT RECORD. Everylitem of infor-Exact statement of stated ENACTLY. PHYSICIANS FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. RESERVED WITH UNFADING INK-THIS AGE should be MARGIN mation should be carefully supplied. TION is very important. -WRITE PLAINLY

Should state

OCCUPA-

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 4 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1931 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1937 | Peritonitis | 3 days ago |
| DEC 7 1931 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

usual residence.

If more branks are needed address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

S

15

(Address)

Every

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY Whooping .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic etc. affection need not be valvular heart The contributory Measles ; disease; death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | .34 | | | |
|--|--------------------------------------|-----------------------------------|---|-------------------|--|
| County Anne Arandel | | | Registration Dist. No. | 21 | |
| Village or City Crownsville | State | Hospita] | L NoSt., | Ward | |
| Length of residence in city or town where death | h occurred | yrs. 1 mos | death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?m | | |
| 2. FULL NAME Mattie | Cutwile | r | | | |
| (a) Residence: No. Beltimor | e City (Usual place o | | St., Ward. If nonresident give city or town and | State | |
| PERSONAL AND STATISTICA | AL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3. SEX 4. COLOR OR RACE S. female black | SINGLE, MARR OR DIVORCED Sepai | (write the word) | 21. DATE OF DEATH ROVEMber 19th | , 193 1 (Year) | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown | | | 22. Sept. 30th 19 31 to November | deceased from | |
| 6. DATE OF BIRTH (month, day, end year) | 389 | | i last saw her alive on Nov. 19th 19 31 death is sa | | |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at 11:55A.M. | | |
| 42 unkr | nown | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Domesti | C | Cerebral spinal syphilis | ? | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | | | | | |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) | | ne (years) t in this pation | | | |
| 12. BIRTHPLACE (city or town) Marylar (State or country) | nd | | Other Contributory Canses of importance: Lues | ? | |
| I 13. NAME John Jordan | | | | | |
| HE 13. NAME John Jordan 14. BIRTHPLACE (city or town) Maryl (State or country) | Land | | Name of operation Date of What test confirmed diagnosis? Was there an a | | |
| 置 15. MAIDEN NAME Sarah Joh | ngon | dead | 23. If death was due to external causes (VIOL ENCE) fill in elso the following | | |
| 15. MAIDEN NAME Sarah Joh 16. BIRTHPLACE (city or town) | | | Accident, suicide, or homicide? | , 19 | |
| 17. INFORMANT Hospital Records Crownsville, Maryland | | | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | e) ACE. | |
| 18. BURIAL, CREMATION OR REMOVAL Place Here The Transport | | -22,193/ | Manner of injury | | |
| 19. UNDERTAKER Broge Inches | ndu | mel | 24. Was disease or Injury In any way related to occupation of deceased? | 0 | |
| 20. FILED mr 20, 19 3/ 4-2 | 46.9 | Registrar. | (Signed) (Address) Crownsville Mervl- | 3. M. D. | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 100 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 1- 23-34-0 V.B. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

MARGIN RESERVED FOR BINDING,

of infor-

STATE OF MARYLAND CERTIFICATE OF DEATH 12035

| 1. PLACE OF DEATH | _ | (31) | | |
|--|---------------------------------------|---------------------------------------|--|-------------------|
| County Anne Arundel | | | Registration Dist. No. | 1 |
| Village or City Annapolis Length of residence in the or town where death | | (If | No. 248 King George St. St., I death occurred in a hospital or institution, give its NAME instead of street and r. ds. How long in U.S. if of foreign birth? | number) |
| 2. FULL NAME Robert L. | . Wernts | Z | | |
| (a) Residence No. 248 King | | street | St., 1st Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICA | AL PARTICL | JLARS | MEDICAL CERTIFICATE OF DEATH | |
| | SINGLE, MARRIE OR DIVORCED (Single | write the word) | 21. DATE OF DEATH NOV (Month) (Day) | , 198./ (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | 22. JHEREBY CERTIFY, That I attended | |
| 6. DATE OF BIRTH (month, day, and year) Ma.V | 29. 18 | 63 | I last saw h un alive on Hor 7 , 19.3 / | ; death is sald |
| 7. AGE Years Months | Days | If LESS than 1 day, hrs. ormin. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 9. Industry or business in which work was done, as SILK MILL. | rofesso | | Central imbolesses Froborti me lulla | Date of onset |
| SAW MILL, BANK, etc | 11. Total time spent is occupat | n this | | 3 hm |
| 12. BIRTHPLACE (city or town) Prince (State or country) Pen | Grove nsylvan | ia | Diher Contributory Causes of importance: | 14x |
| 13. NAME Pharo H. Wernt | Z | | 7 | 7 |
| 13. NAME Pharo H. Wernt 14. BIRTHPLACE (city or town) Pen (Stata or country) | nsylvan | ia | Nama af operation Date of What test confirmed diagnosis? Was there an a | |
| 15. MAIDEN NAME Ellen A. W | aters | | 23. If death was due to external causes (VIOL ENCE) fill in also the following | |
| 16. BIRTHPLACE (city or town) Ohio (State or country) | • | | Accident, suicide, or homicide? Date of injury Where did injury occur? | |
| 17. INFORMANT Mrs. Morris (Address) Annapolis, | | | (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL | ACE. |
| 18. BURIAL CREMATION, DR REMOVAL Place Cedar Bluff | Date Nov. | 10th ₁₉ 31 | Manner of Injury | |
| 19. UNDERTAKER John M. Tayl (Address) Annapolis, | or Md. | | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. FILED 2mr 10, 1931 fr | 766. | Registrar. | (Address) Cumapolis md | M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis Chronic intendition and within | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 1 7 42 0 7 6 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1 | L PLACE OF DEATH | | 44 | | | |
|-----------|---|------------------------|---|--|---------------------|--|
| | County Anne Arundel | | | Registration Dist. No. | f | |
| | Village or City Annapolis, | Md. | | No. Emergency Hospital St., | Ward | |
| | length of recidence in city or town where death | ancurred | | death occurred in a hospital or institution, give its NAME instead of street and r | | |
| | 2. FULL NAME Belle Hoeh | | | | | |
| | (a) Residence: No. South Riv | | ATTIMET | 0 W. I | | |
| | | (Usual place o | f abode) | St., Ward. If nonresident give city or town and | State | |
| th-store. | PERSONAL AND STATISTICA | L PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3. | - 3 - C | | (write the word) | 21. DATE OF DEATH (Month) (Day) | , 198 3 / (Year) | |
| 5a. | If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph R. Wi | lmer | | 22. HEREBY CERTIFY, That I attended oct 13 ,1931, to Nov 1 | deceased from | |
| 6 | DATE OF BIRTH (month, day, and year) Apri | 1. 13 | 1865 | I last saw h alive on Nor (7, 193/ | | |
| | AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at 4.5.m. | | |
| | 66 | 14 | I day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset | |
| z | 8. Trade, profession, or particular | | | | | |
| CCUPATION | SAWTER, BUUNNEEPER, etc. | one. | • | h | | |
| UPA | 9 Industry or business in which work was done, as S1LK MILL, SAW MILL, BANK, etc. | | | Drancho Wrumania As | | |
| DO | 10. Date deceased last worked at | 11. Total time (years) | | | & day A | |
| 0, | this occupation (month and year) | | tin this pation | | V. | |
| 12 | BIRTHPLACE (city or town) Washingt | on, D. | . C. | Other Contributory Causes of importance: | 304 | |
| | (State or country) | | | Julo armia | 4,17 | |
| ER | 13. NAME A. A. Hoehling | | | | Color | |
| FATHER | 14. BIRTHPLACE (city or town) Philad | elphia | , Pa. | Name of operation Date of | | |
| - | (State or country) | | | What test confirmed diagnosis? Was there an a | utopsy? | |
| MOTHER | 15. MAIDEN NAME Anne L. Rud | | | 23. If death was due to external causes (VIOLENCE) fill in also the following | : | |
| 101 | 16. BIRTHPLACE (city or town) Philade | lphia, | Pa. | Accident, suicide, or homicide? Date of injury | , 19 | |
| - | (State or country) | | | Where did injury occur? (Specify city or town, county and State | a) | |
| | INFORMANT) Pere A. Wilme (Address) 1319 G. St., | |) | Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLA | CE. | |
| 18 | BURIAL, CREMATION, OR REMOVAL Place Arlington, Va. Da | Nov. | 3rd, 1931. | Manner of Injury | | |
| 19 | UNDERTAKER John M. Taylo (Address) Annapolis. | r Md. | | | W | |
| | 0 | 0 | 4 20 | (Signed) Thus lurers | M D | |
| 20 | FILED MY 3 193/ July | ce f | Registrar. | (Address Aunapolis m | 1 | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

C. S. No. 1

PHYSICIANS should state

stated EXACTLY. properly classified. E

MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS IS A PERMANEN

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY,

OCCUPA.

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | la de la companya de | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 doys ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

MARGIN RESERVED FOR BINDING

B. WRITE PLAINEY

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 108 | | 006 |
|---|---|---|-------------------|
| County Anne Arund | el | Registration Dist. No.21 | ******* |
| Village or City Jacobsyil Length of residence In city or town where death occ | (If | No. St., death occurred in a hospital or institution, give its NAME instead of street and it. ds. How long in U.S. if of foreign birth? yrs. m | number) |
| 2. FULL NAME Anna Vi | rginia Wilson | | |
| (a) Residence: No. Jacobsy: | ille | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| OR | GLE, MARRIED, WIDOWED, DIVORCED (write the word) APPIED | 21. DATE OF DEATH November 9th (Month) (Day) | , 193 I (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Filmore Wilson | n | 22. I HEREBY CERTIFY, That I attended November Ist ,193I , to November S | the 31 |
| 7. AGE Years Months 24 7 | h 22, I907 Days If LESS than 1 day, hrs. or min. | I last saw h.er alive on November 9th, 1931 to have occurred on the date stated above, et. 8.a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Lobar pneumonia | r death is said |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) | 11. Total time (yeers) spant in this occupation Md • | Other Contributory Causes of Importance: Pyelitis | |
| 14. BIRTHPLACE (city or town)(State or country) | Md . | Name of operation Dete of What test confirmed diagnosis? Clinical Was there an e | |
| 15. MAIOEN NAME Emma Virginia 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Emma V. Hynso (Address) Green Haven, M 18. BURIAL, CREMATION, OR REMOVAL Place Magothy Date | Md. an | 23. If death was due to external causes (VIOLENCE) fill In elso the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or lown, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL. Manner of injury Nature of injury | e) ACE. |
| 19. UNDERTAKER Wm. Cook (Address) Baltimore, Md. 20. FILED // - 9 , 19 3 / 2 - 4 | a. Sug. | 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) | 20.0 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| BURGAU V. | | | | |
| Other contributory causes of importance: | - | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER ST | STATEMENTS | BY | PHYSICIAN |
|---------------------------------|------------|----|-----------|
|---------------------------------|------------|----|-----------|

STATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state

stated EXACTLY.

certificate.

WITH UNFADING INK-THIS IS A PERMANEN

AGE should be

mation should be carefully supplied.

-WRITE PLAINEY,

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

Nem of infor

of OCCUPA.

Exact statement

| 1. PLACE OF DEATH | | (75 |) | |
|--|-------------------|--|---|-------------------------|
| County Anne Arun | del | | Registration Dist. No. | |
| Village or City CP OWNSV | | e Hospita 4 hours | NoSt.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and number | Ward |
| 2. FULL NAME | ary Wilso | n | | |
| | | | St., Ward. If nonresident give city or town and State | 2 v 10 10 00 00 00 00 v |
| PERSONAL AND STATE | | Charles and the second second | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE female black | | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH No vember 23rd, (Day) (Day) | 1 Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | 22. I HEREBY CERTIFY, That I attended decea November 23rd 1931, to November 23; | sed from |
| 6. DATE OF BIRTH (month, day, and year) | 1871 | | Hast saw h_Gr alive on NO Y 25 ,19.31; dea | |
| 7. AGE Years Months | Days Jilk nown | If LESS than I day,hrs. ormin. | to have occurred on the date stated above, at .8:15Pm.M The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | e of onset |
| rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Unknown | | | Exhaustion due to prolonged mania | ? |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) | sp3 | time (years) | | |
| 12. BIRTHPLACE (city or town) (State or country) | | | Other Contributory Canses of Importance: | ? |
| 🖺 13. NAME Unknown | | | | |
| 13. NAME UNKNOWN 14. BIRTHPLACE (city or town). Unknown (State or country) | | | Name of operation Date of Was there an aulops | |
| 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME Unknown Unknown Ho spital Records (Address) Crownsville, Maryland | | | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | |
| (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL Place Francisco Date // 26 , 1931 | | | Manner of injury | |
| 19. UNDERTAKER & HB Parker (Address) To Washington 81- | | | 24. Was disease or injury in any way related to occupation of deceased? If so, specify | |
| 20. FILED 2 24 , 1931 g | mys e. | Registrar. | (Address) Grownsville, Mengland | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example 1 | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | 1 | |

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCURA-

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 1203 |
|-----------------|-------------------------------|------|
| DI ACE OF BEATU | (131) | |

| 1. PLACE OF | DEATH | | (131 | | |
|--|--|-----------------------------|--------------------------------|---|--|
| County | Anne Arun | lel | | Registration Dist. No. 2/ | |
| | crown svi | | tate Hosp 3 yrs 11 mos | teNo. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? | |
| 2. FULL NAM | | Bud You | | | |
| (a) Residence | | Baltimo (Usualplace | re Maryl | anst., Ward. If nonresident give city or town and State | |
| PERSONA | L AND STATIST | ICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX Male 4. COLOR OR RACE Dlack 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married | | | ED (write the word) | 21. DATE OF DEATH November 20th (Month) (Day) (Year) | |
| 5a, If married, widowed HUSBAND of (or) WIFE of | , or divorced Unknown | 1 | | 22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th 1927 to Nov. 20th 1931 | |
| 6. DATE OF BIRTH (m | onth. day, and year) | 1889 | | I last saw h &m alive on NOV . 20th 19 31 deeth is said | |
| 7. AGE Yeers 52 | | Days D WN | If LESS than I dey,hrs. ormin. | to have occurred on the date stated above, at 7:104 m M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, professi kind of work SAWYER, B 9. Industry or bu work was d SAW MILL, | on, or particular k done, es SPINNER, OOKKEEPER, etc | Labore | c | Chronic Interstitial Nephritis mos | |
| THIS OCCUPA | SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) | | | | |
| 12. BIRTHPLACE (city or town) North Carolina (State or country) | | | lina | Other Coutributory Causes of importance: Dementia Praecox - paranoid | |
| 置 13. NAME Unknown | | | | type | |
| 14. BIRTHPLACE (city or town) Unknown (State or country) | | | | Name of operation Date of Was there en autopsy? | |
| 15. MAIDEN NAMI | Unknown | 1 | | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN (State or country) | | | | Accident, suicide, or homicide? | |
| (Address) | lospit al Re Crownsvill | | 7 l and | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATIO | N, OR REMOVAL | Date 11/2 | 4 ,133/ | Manner of Injury Nature of Injury | |
| 19. UNDERTAKER (Address) 20. FILED /24 | 15 M. P. | Will will blanks are needed | To Registrar | 24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) (Address) (Address) 24.11 N. Charles Street, Baltimore, Requesting T. S. No. 1.9 | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| B02210 7.8 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|